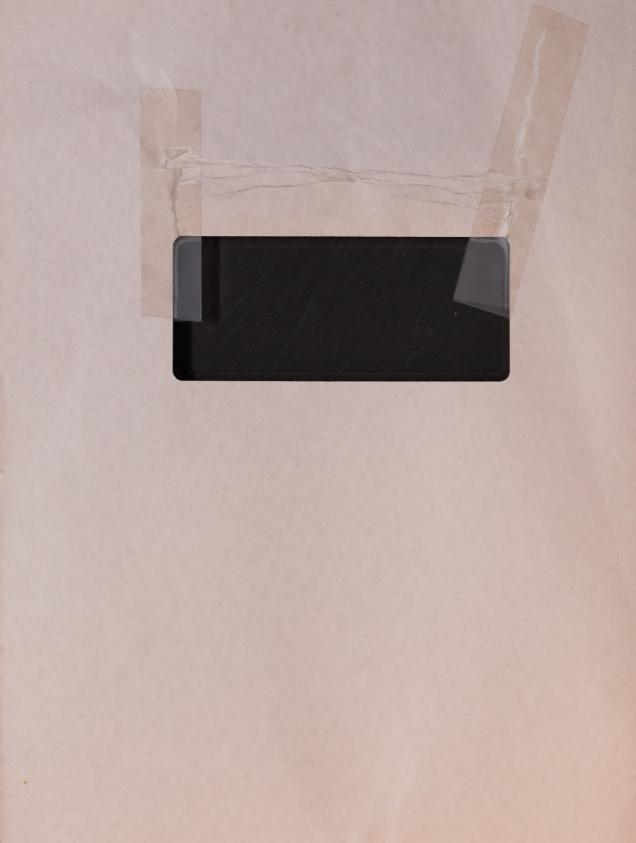
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AS CONTAINED IN THE BRIEFS SUBMITTED TO
THE MEDICAL SERVICES INSURANCE ENQUIRY



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SUMMARIZATION OF POLICY RECOMMENDATIONS
AS CONTAINED IN THE BRIEFS SUBMITTED TO
THE MEDICAL SERVICES INSURANCE ENQUIRY

Financial Research Branch, Department of Economics and Development, February 1964. Digitized by the Internet Archive in 2025 with funding from University of Toronto

Introduction

The purpose of this summary is to present in an itemized form the "policy" recommendations contained in each brief submitted to the Medical Services Insurance Enquiry.

The supplement to this report attempts to indicate the density of policy recommendations common to each submission.

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SUMMARIZATION OF POLICY RECOMMENDATIONS AS CONTAINED IN THE BRIEFS SUBMITTED TO THE MEDICAL SERVICES INSURANCE ENQUIRY

Brief No. 1 ONTARIO CHIROPRACTIC ASSOCIATION

- The government of Ontario, having established the legal status of chiropractors in this province, must recognize the demand for these services and provide for their inclusion in Bill 163.
- 2. That all citizens be uniformly afforded the opportunity to be covered under the provisions of any national health plan.
- 3. That a participating citizen may go to the practitioner of his choice and may change from one to another on reasonable cause (except where custodial or compulsory care restricts, by statute, the individual's right of choice).
- 4. That chiropractic services be made available under any national health services plan, or that chiropractic services be made available in any health service providing care on an office visit basis in which there is an expenditure of public funds.
- 5. That the special ability and contribution of the chiropractor be recognized and utilized in present provisions or future plans without medical prescription or other restrictions or discrimination.

STATEMENT OF FOLICY RECOMMENDATIONS
OF CONTAINED IN THE ERLIPS SUBJECTED TO
THE MADICAL SERVICES INSURANCE ENQUISE

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- 5. That the special spility and contribution of the chirograpion be recognized and utilized in present provisions or future plans without medical presentation or other restrictions or

- 6. That the services of the chirepractor may be available in individual offices, group practice, or diagnostic centres.
- 7. That the chiropractor has the right to refer patients to any other participating practitioner, when it will serve the best interests of the patient.
- 8. That any patient failing to co-operate with any reasonable requirements may be dismissed or referred, providing that such patient is not placed in jeopardy.
- That treatment may be continued for as long as may be deemed necessary in the opinion of the chiropractor.
- 10. That within a plan, a citizen may receive treatment by different health methods concurrently, but not for the same condition.
- 11. That any plan will not restrict a citizen from seeking health care on a private patient basis.
- 12. That a chiropractor may be employed in a salaried position in a centre operated by or for any plan.

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- 13. That the usual method of remuneration for services rendered should be on a fee for service basis, in accordance with a schedule of fees agreed upon by negotiation with the Ontario Chiropractic Association.
- 14. That a patient be charged a utilization or deterrent fee in order to prevent abuse of services. Such a fee should be paid directly to the practitioner providing the service.

 An alternate to the foregoing, a deductible provision, would minimize abuse and reduce administrative costs.
- 15. That administration of any plan be so arranged that no one group in commerce or the healing field may dominate or control.
- 16. That a separate Board of Referees be established, to adjudicate on matters pertaining to the handling of cases by a chiropractor.

 This Board should be composed of a representative of the plan and two chiropractors.
- 17. That if priorities are deemed necessary in any plan, implementation be in the following order:-
 - (A) The immediate inclusion of chiropractic services for the care of acute and chronic conditions, including welfare and public assistance cases.
 - (a) The study and thought which lead to the preparation of Bill 163 parallels recommendation

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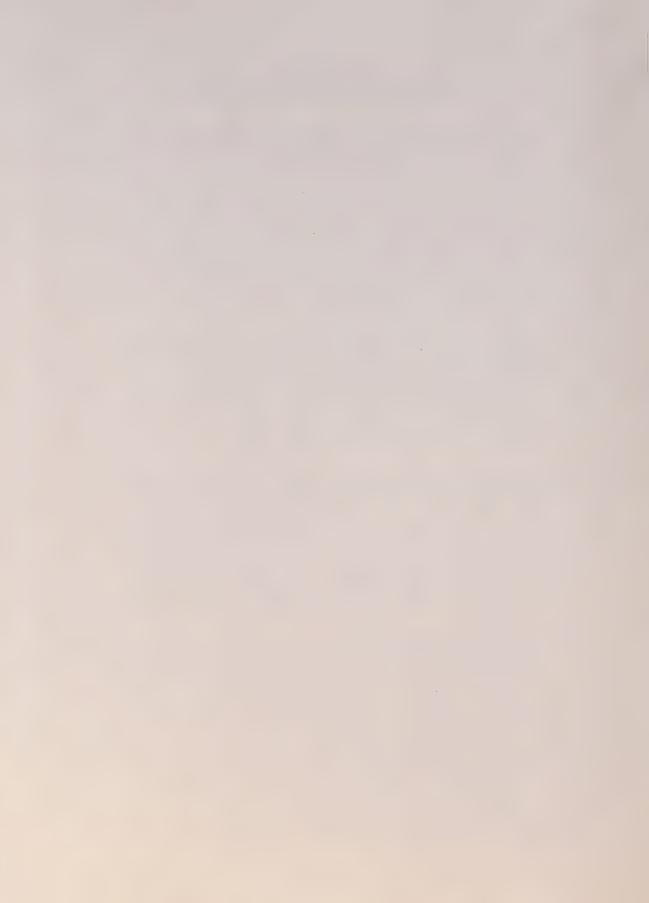
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- 15(A) as to area where protection of the citizen is most urgently needed.
- (b) However, the Bill is deficient in restricting services to those provided by only one profession.
- (c) We consider the immediate inclusion of chiropractic services rendered by chiropractors under Schedule A, with the inclusion of recipients in Schedule C, to be an essential requirement.







Brief No. 2 SOUTHWESTERN ONTARIO PODIATRIC SOCIETY

- 1. Bill 163, Legislative Assembly session of 1962-63, while providing for the medical and surgical care of the foot, does not cover this care if rendered by a podiatrist.
 Many physicians, hospital staffs, and the general public recognize the need and value of the podiatrist's skill in providing this necessary care.
- 2. The privilege of selection of a practitioner is one that every individual accepts as his right; provided, however, that the practitioner he prefers is one entitled by law to perform or render the service needed.
- 3. There would seem no reason to suggest that the podiatrist's services not be covered by the proposed legislation. Only one possible objection could be advanced and that is the possibility of added cost. Experience would appear to indicate that such an objection is without foundation.
- 4. The coverage of podiatric services would not incur added cost to the plan, as rates are based on benefits for conditions and not who shall treat the conditions. This is substantiated by the fact that private insurance plans providing payment for services rendered by podiatrists have not found it necessary to adjust rates. Nor have the rates of physician sponsored Blue Shield plans in the

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United States been adjusted when they were amended to cover the subscriber who elects medical or surgical treatment by a podiatrist.

5. We respectfully submit that it would be in the public interest to alter Bill 163 by amending Section 1 (1) to read as follows:

"Physician" means a medical practitioner registered as such under The Medical Act or under the comparable legislation of any jurisdiction outside Ontario in which medical or surgical care or services are rendered to a resident, and for the purposes of this Act the term "physician" shall include a podiatrist registered and performing podiatric services under the Chiropody Act, Ontario, 1944.

- 6. This Society approves the establishment of a medical services insurance plan sponsored by the provincial government, operated through existing insurance carriers, providing it prohibits discriminatory practices by insurance carriers.
- 7. Bill 163, Legislative Assembly session of 1962-1963, while providing for complete medical and surgical services, does not allow payment for medical and

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surgical care of the foot by podiatrists. Payment is provided for the treatment of these conditions, however, if rendered by a physician.



Brief No. 3

STAFF MEMBERS SCHOOL OF HYGIENE UNIVERSITY OF TORONTO

- 1. We would urge, therefore, that the Committee recommend to the Government and to the people of Ontario the need for establishment of new, as well as the continuation of existing programs for the prevention of disease both by such direct methods as immunization and by more indirect methods such as early case-finding.
- 2. We would urge, therefore, that this Committee give consideration to the desirability of collecting adequate data which will permit continual evaluation of the cost of providing medical care services.
- 3. Data are required to assist those responsible for training health personnel to make estimates of the numbers required, for many fields affected by this Bill are already critically short of staff.
- 4. It is essential in our view, as well, the measurements of the health and sickness experience of the people of this province be continually made.
- 5. It is our view that the collection of essential data can be accomplished most effectively if there is a legal assignment of responsibility to some agency to act as a central data collection and processing office. It is recommended that the responsibility for this activity should fall upon the Minister of Health and his staff

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since it seems obvious that our society accepts the premise that his department is charged with an over-riding concern for the health of the people of the province.

- 6. We would urge, as well, that the Bill or Regulations contain provisions which would make it incumbent upon all carriers to provide data to the central data collection agency. Appropriate safeguards for maintaining the confidentiality of the data in respect of named persons or carriers would have to be instituted. Coupled with this data collection function we would see this central agency having a function of research and analysis of the data which are gathered.
- 7. We urge the Committee to consider the advisability of assigning responsibility in a formal way in the Bill or the Regulations to the agency mentioned in the preceding point, for analysis of and research into the Medical Services Insurance Program. We believe that this analytical and research function is an integral and essential part of a medical care program.
- 8. This responsibility can best be discharged through two developments we would recommend for consideration.
- 9. First, an adequately financed and staffed research and statistics agency should be established, with access to all the data which can conveniently be collected on the experience of medical care insuring agencies. This research and statistics agency should be charged with responsibility for the analysis of the data collected

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and the frequent publication of general and specific studies, with informed comment. It would be desirable for this agency to have considerable latitude to complete studies on its own initiative, for there may be occasions when the data suggest that the program is not meeting fully the declared objective of improving health by paying for medical care services.

- 10. Second, it seems evident to us that provision should be made for other appropriate agencies to have access to data which have been collected and which are suitable for research and teaching purposes. Here, we think naturally of the role of the institutions of higher learning in Ontario where the spirit of inquiry and investigation is strong.
- 11. We suggest that provision be made for university staff
 members to conduct analyses and research in the field of medical care,
 and that funds be provided accordingly, on a project basis.
- 12. No detailed proposals are made to your Commission, but we suggest that at the outset, a specified proportion of each dollar expended for the purchase of medical care insurance be allocated to the central data collection and analysis agency, and from that agency on a project basis to independent groups such as university staff members and others competent to study and analyse these data. We would suggest as a guide that 1% of the money used to purchase medical care insurance be allocated for central data collection and research.

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Brief No. 4

THE FACULTIES OF MEDICINE OF: UNIVERSITY OF OTTAWA QUEEN'S UNIVERSITY UNIVERSITY OF TORONTO UNIVERSITY OF WESTERN ONTARIO

RECOMMENDATIONS:

- 1. That university teaching hospitals or affiliated hospitals should establish clinical teaching units, divisions or services, both inpatient and outpatient, on the basis recommended by the Association of Canadian Medical Colleges.
- 2. That medical benefits to patients under any major or limited standard plan of prepaid medical insurance should include payments for professional services rendered by a licensed medical practitioner in such designated clinical teaching units, services and divisions.
- 3. That funds received for the care of patients in a teaching unit (in-patient or out-patient) should be distributed among the physicians participating in the work of the unit in a manner to be decided by them in consultation with the university, it being understood that this type of practice carries with it both teaching and research responsibilities.
- 4. Recognizing the importance of full-time clinical teachers to the faculty of a medical school, it is recommended that funds in addition to those now available be provided from educational sources

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for the payment of the basic salaries of such teachers, according to the proportion of their total professional effort devoted to teaching, research and administration, appropriate to their position.







Brief No. 5

THE ONTARIO DENTAL ASSOCIATION and THE ROYAL COLLEGE OF DENTAL SURGEONS

- 1. The Royal College of Dental Surgeons of Ontario and the Ontario Dental Association would, respectfully, oppose the enactment, in its present form, of Bill 163, An Act Respecting Medical Services Insurance. Notwithstanding the exclusion of "dental services" in Schedule A, there are many services residing within the legal and academic competence of dentists which are frequently rendered by physicians. It would appear that Bill 163 would entitle beneficiaries to these services when they are performed by a physician, but would deny entitlement for the same services when they are performed by a dentist. With respect, we believe this to be both unjust and discriminatory.
- 2. It must be stated, with considerable emphasis, that it is not the Ontario dental profession's desire to have the list of services (pages 5-6) deleted from the benefits to be provided by Bill 163. The dental profession avers that the above services are vital to health care and accordingly strongly recommends their inclusion. But, with equal vigour, the dental profession protests the discriminatory and economic restriction of these services to physicians to the exclusion of dentists who are competent by education, training, experience and licensure to provide them as well.
 - 3. We believe, therefore, that the dentist who has met the

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exacting requirements of an approved graduate program in Oral Surgery is the practitioner most adequately trained and therefore most competent to provide many of the services listed above from the tariff booklet of the Ontario Medical Association. It is perhaps an understatement to suggest that it is anomalous for a statute apparently to provide benefits for services which are essentially oral surgical in nature but to exclude from participation the specialty group most competent to render them.

- 4. The provisions of Bill 163 could have a most detrimental effect upon certain aspects of dental education. If the lawful treatment of the oral cavity by a dentist is not compensable within the meaning of this statute it is obvious that in time the lack of effective demand on dentists, particularly oral surgeons, for services they are legally competent to provide would bring into question the need of continuing to include the appropriate training in both undergraduate and graduate programs. Dental education in this province has attained a high standard of quality. The dental profession strongly opposes any statutory provisions which could have the effect of lowering that standard. (The opinion of the Faculty of Dentistry of the University of Toronto on this consideration is attached as Appendix A).
- 5. It is of consummate interest to and the concern of the dental profession that such an administrative vehicle be sufficiently flexible that it can encompass the administrative problems which the provisions of dental care insurance may create. We contend, therefore, and notwithstanding the apparent restriction of the provisions of Bill 163

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to "medical" services that the dental profession is intimately and inextricably involved, and therefore should enjoy a <u>participating</u> role in this important development.

- 6. We believe it is only reasonable and just that there be full consultation with any professional group when its services are affected by legislative enactment.
- 7. The Explanatory Note facing page 1 of Bill 163 states the purpose of this Bill is to make it possible for all residents of Ontario to obtain protection against the cost of medical and surgical care and services. If this is so, then justice and fairness demand that the restrictive clauses, which deny benefits for treatment performed by dentists when compensation is made for the same procedures if performed by physicians licensed in all branches of medicine, be eliminated from the Bill.

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THE ONTARIO PODTATRY ASSOCIATION

- 1. The desirability of making it possible for the patient to elect a podiatrist to perform a contracted service which represents an underlying philosophy that a patient is insured for a service to be performed and not for who shall perform the service.
- 2. The privilege of selection of a practitioner to administer services is one that every insured takes for granted as his right, providing of course that the practitioner that he prefers is not duly licensed to perform or render the service needed.
- 3. Clause (1), Section I of the Medical Services Insurance Act be amended by adding thereto the following "For the purposes of this Act, the term "physician" shall include a podiatrist registered and performing podiatric services under the Chiropody Act, Ontario 1944."

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Brief No. 7 Ontario Osteopathic Association

- In reference to Clause 2 in the Bill, we wish to express our support of the stated purpose of the Bill, i.e. payment of the cost of medical services.
- 2. At the same time we believe that the Bill, in its preamble, should state that the basic purpose of the plan is to encourage the use of medical services by the population for the prevention of sickness by routine medical examination, to detect the early non-clinical evidence of the beginning of disease. For the above reason it has been the stated opinion of the osteopathic profession that any program for medical care should be predicated on the principle of prevention, rather than merely providing care once a disease has become a full-blown clinical entity.
- Where Clause 1, item "1" in the Bill defines the term "physician", we must point out that the Bill by this restrictive definition fails to provide the insured with a free choice of all available health services. This, surely, is not the will of the Government.

4. We recognize that your Committee has no power to amend the definition of "physician" in The Medical Act. However, we ask that your Committee recommend to the Government that the insured be given the right to use the services of the osteopathic profession as currently provided by private insurance contracts, fraternal benefit organizations and the Workmen's Compensation Board.







Brief No. 8

SOCIAL PLANNING COUNCIL OF METROPOLITAN TORONTO

The Social Planning Council of Metropolitan Toronto recommends:

- 1. THAT article one of the exemptions, which excludes annual or periodic health examinations, be deleted.
- 2. Article 3. Laboratory and other diagnostic procedures rendered as hospital services to the extent that these are provided for under the plan of hospital care insurance under The Hospital Services Commission Act; dental services; ambulance services; nursing services; dressings and cast materials; use of operating, plaster or fracture rooms; services of government or commercial laboratories; drugs, vaccines; biological sera or extracts or their synthetic substitutes; eye glasses; special appliances; oxygen; physical therapy and other similar treatments.
- 3. The Social Planning Council endorses prepaid health insurance as a means for assisting people to pay for their health care. It recognizes the desirability of the following features:
 - a) freedom to participate in such a prepaid plan utilizing the carrier of the individual's choice
 - b) freedom of choice of a physician or surgeon
 - c) Medical decisions left to the medical profession; thereby safeguarding the doctor-patient relationship

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- d) the standard minimum plan being non-cancellable except by
 the insured person, guaranteed renewable and at a set premium
- e) all health insurers in the province belonging to an association known as Medical Carriers, Incorporated
- f) the assurance that every resident of Ontario may participate in a standard minimum plan without regard to age, state of health or ability to pay.
- 4. THAT care should be taken in the implementation of the Medical Services Insurance Act to assure that there is no detrimental effect on existing health services available to the public.
- 5. THAT article six of the exemptions, which excludes payment to the general practitioner for newborn-infant care, be deleted.
- 6. THAT organized Home Care should be considered part of basic medical and health care and ways be studied for including such a programme within the framework of existing and proposed legislation.
- 7. THAT the government should review existing relevant mandatory or permissive legislation to assure that it guarantees the actual cost of services purchased from voluntary organizations.

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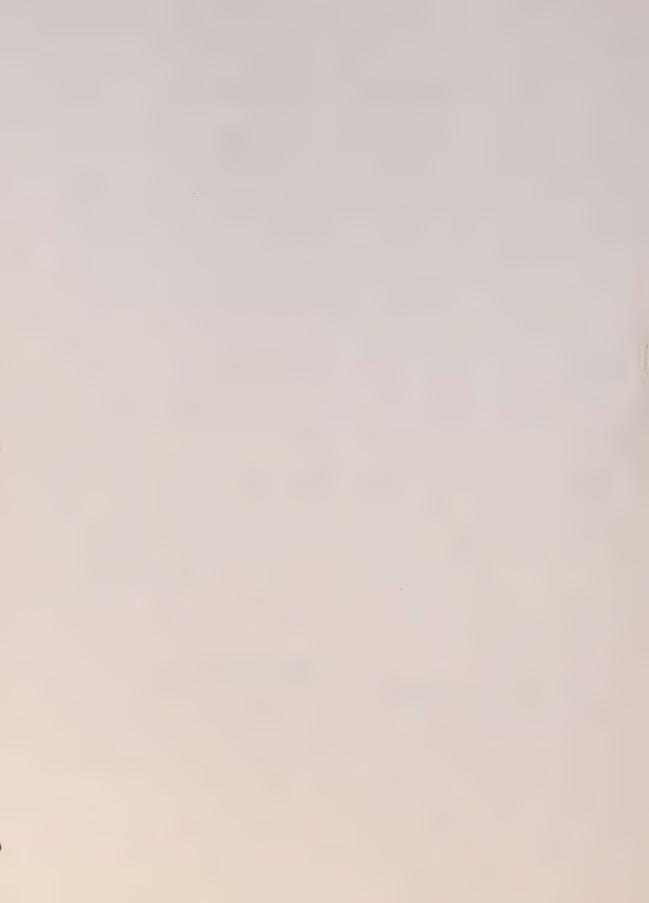
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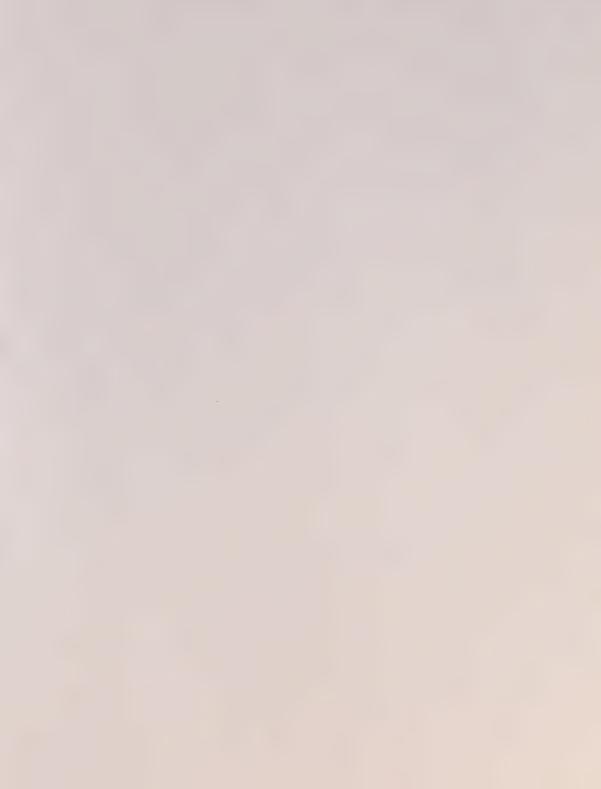
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- 8. THAT an information service be established on a regional basis to provide information and advice to physicians and the public on available services in the area.
- 9. THAT there be close collaboration between government and educational institutions in order to insure sufficient supplies of qualified professional personnel for staffing health and welfare services.
- 10. THAT a pilot study should be developed in order to determine the best way of providing dental care to the institutionalized, homebound and low-income persons.
- 11. THAT a permanent advisory committee be established to advise on and to assist in the best implementation of the Act.

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Brief No. 9

THE ONTARIO SOCIETY OF PHYSIO-THERAPY

- 1. The private practice of physiotherapy should be included in any insurance plan because of the economies effected, both for the patient and the insurance plan. When the patient no longer needs hospitalization, yet requires further rehabilitative treatment, it would be most economical for the patient and the public purse to transfer his physio treatments to a private practitioner in his home neighbourhood.
- 2. We think present physiotherapy health services should be extended to cover hospital out-patients referred to private practitioners.
- 3. As the combination of home-and-office type of practice undoubtedly reduces costs of physiotherapy care for the patient, we suggest that there should be no restrictions on the location of physiotherapy practice in residential areas.

4. <u>Licensing Physiotherapists</u>

To facilitate the movement of physiotherapists as needed from province to province licensing requirements should be standardized on a national basis.

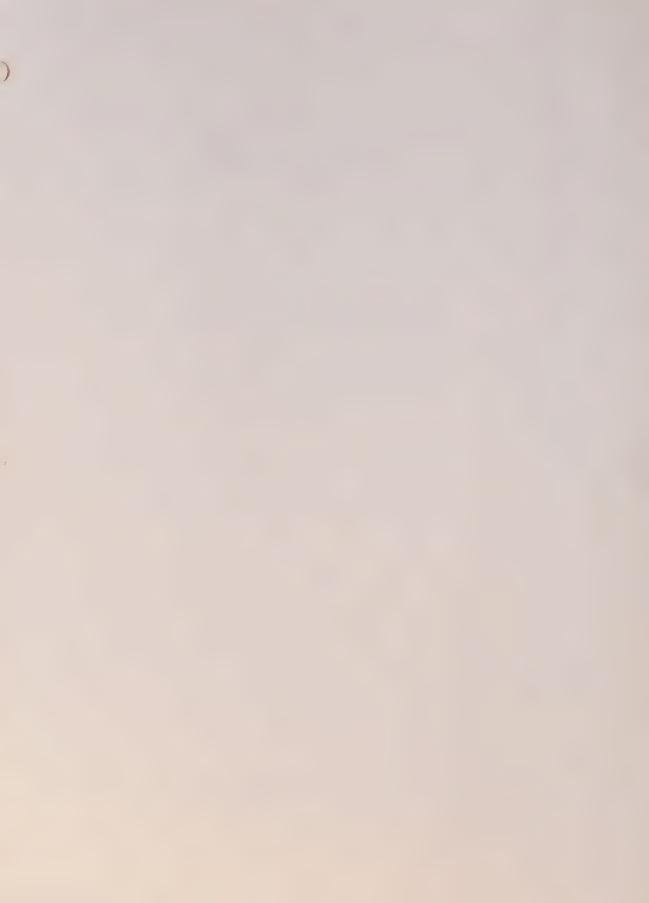
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5. Post-Graduate Seminars

Provision should be made to regularly hold post-graduate seminars under the auspices of recognized colleges, sanctioned by Provincial Boards and open to all registred physiotherapists. Credits would be given for attendance and this would help to maintain a high standard of service to the public.

- 6. It is desirable that realistic salary schedules should be established to induce the enrolment of more male students in the study of physiotherapy.
- 7. We suggest that the private practitioner should be able to secure his equipment at the same cost as the hospitals.





4th Session, 26th Legislature, Ontario 11-12 Elizabeth II, 1962-63

An Act respecting Medical Services Insurance

MR. ROBARTS

EXPLANATORY NOTE

The purpose of this Bill is to make it possible for all residents of Ontario to obtain protection against the cost of medical and surgical care and services.

An Act respecting Medical Services Insurance

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. In this Act,



Interpretation

(a) "benefit" means a payment made to a covered person for medical surgical care or services or the performance of such care or services for a covered person under a medical services insurance contract;

,

- (b) "carrier" means a person, firm, group, association, society, union, agency or corporation that sells or provides or offers to sell or provide medical services insurance;
- (c) "covered person" means a person who is covered by medical services insurance:
- (d) "dependant" means a resident who is,
 - (i) the spouse of the head of a family,
 - (ii) any unmarried child under the age of nineteen years who is dependent or substantially dependent for maintenance upon the head of a family, or
 - (iii) any son or daughter who by reason of mental or physical infirmity is dependent or substantially dependent for maintenance upon the head of a family, and who was, prior to the age of nineteen, dependent or substantially dependent for maintenance upon the head of a family;
- (e) "guaranteed renewable" means the right conferred upon a covered person, in the absence of misrepresentation or non-payment of subscription, to

continue a medical services insurance contract in force from the date of issue until the carrier is no longer licensed under this Act;

- (f) "head of a family" means the member of the family upon whom the family is principally dependent for maintenance;
- (g) "hospital" means a hospital that is approved for the purposes of the plan of hospital care insurance under The Hospital Services Commission Act;

R.S.O. 1960, c. 176

> (h) "Medical Carriers Incorporated" means the nonprofit corporation, incorporated pursuant to Part III of *The Corporations Act*, whose membership is composed of the carriers licensed under this Act;

R.S.O. 1960, c. 71

- (i) "medical services insurance" means a contract, agreement, scheme, fund or arrangement whereby, a resident is covered for medical surgical care or services or the cost or a portion thereof when rendered to such resident and his dependants by or under the direction of a physician, but does not include the limited and incidental insurance against medical and surgical expenses provided in conjunction with motor vehicle liability, employer's liability, public liability, and workmen's compensation insurance policies;
- (j) "Minister" means the member of the Executive Council to whom the administration of this Act is assigned by the Lieutenant Governor in Council;
- (k) "open enrolment period" means a period that is from time to time designated as such by Medical Carriers Incorporated;

R.S.O. 1960, c. 234

- (l) "physician" means a medical practitioner registered as such under The Medical Act or under the comparable legislation of any jurisdiction outside Ontario in which medical or surgical care or services are rendered to a resident;
- (m) "regulations" means the regulations made under this Act;
- (n) "resident" means an individual who is legally entitled to remain in Canada, who makes his home and ordinarily resides in Ontario and who has resided in

Ontario for a continuous period of at least ninety days immediately preceding the date on which the determination is made;

- (o) "standard in-hospital medical services insurance contract" means a contract that provides the benefits set forth in Schedule B;
- (p) "standard medical services insurance contract" means a contract that provides the benefits set forth in Schedule A;
- (q) "subscription" means the premium, fee or other sum of money payable for a standard medical services insurance contract or a standard in-hospital medical services insurance contract, and includes all sums of money payable from time to time to maintain such a contract in force;
- (r) "Superintendent" means the Superintendent of Insurance for Ontario.
- 2. Medical services insurance is available in accordance Medical with this Act and the regulations to every resident and his insurance dependants who are residents, without regard to age, physical available or mental infirmity, financial means or occupation.
 - 3. The Minister may, in accordance with the regulations, Provincial participation
 - (a) purchase standard medical services insurance contracts for such classes of persons as are set forth in Schedule C and who are in needy circumstances; and
 - (b) contribute to the purchase of standard medical services insurance contracts for such other classes of persons as are set forth in the regulations and who are in needy circumstances.
- 4. A local municipality may, on behalf of residents residing Municipal participation,
 - (a) who receive municipal unemployment or other assistance; or
 - (b) who are referred to under section 54 of *The Public* R.S.O. 1960, *Health Act*,

purchase or contribute to the purchase of standard medical services insurance contracts or standard in hospital medical services insurance contracts for such residents.

Condition precedent to writing medical services insurance

- 5. No carrier shall sell or provide or offer to sell or provide any other form of medical services insurance unless,
 - (a) it offers for sale and issues,
 - (i) guaranteed renewable standard medical services insurance contracts, and
 - (ii) guaranteed renewable standard in-hospital medical services insurance contracts,

to residents who are not dependants, other than a spouse, and who apply and pay the subscription therefor; and

(b) it is a member in good standing of Medical Carriers Incorporated.

Greater

6. Nothing in this Act prevents a carrier from providing benefits under contracts of medical services insurance greater— than those set forth in Schedules A and B.

Licence

7.—(1) Every carrier shall obtain from the Minister and hold a licence under this Act.

Offence

(2) Every carrier that carries on business as such without a licence under this Act is guilty of an offence and on summary conviction is liable to a fine of not more than \$1,000.

Assessment for operation 8.—(1) The members of Medical Carriers Incorporated of Medical Carriers shall be assessed annually for the moneys required for the Incorporated operation of the corporation.

Determination of assessments

(2) The proportion of the total assessment to be levied in any year to be borne by each member shall be determined in an equitable manner by the board of directors of the corporation and confirmed by at least two-thirds of the votes cast by the members present in person or represented by proxy and entitled to vote at any annual or general meeting of the members of the corporation.

Number of votes

(3) The number of votes to be cast by or on behalf of any member shall be based upon the proportion of the number of persons covered by the member under contracts of medical services insurance in relation to the persons so covered by all members, and the by-laws of the corporation may provide the necessary regulations with respect thereto.

Arbitration

(4) If the members fail to confirm the assessments or if two or more members give notice to the board of directors that they question the equity of an assessment, the matter shall be referred for decision to a board of three arbitrators, one to be named by the members licensed to undertake the business of accident and sickness insurance under The R.S.O. 1960, Insurance Act, one to be named by all other members, and one to be named by a judge of the Supreme Court upon the application of the other two arbitrators.

- (5) The arbitrators shall have all the powers of arbitrators Powers of arbitrators under *The Arbitrations Act* and may at any time and from R.S.O. 1960 time to time proceed in such manner as they think fit on c. 18 such notice as they deem reasonable.
- (6) The award of the arbitrators or of a majority of them Award shall be made within thirty days of the referral of the matter to them, and it is final and binding on all members.
- 9. The initial subscription for a standard medical services Initial insurance contract or a standard in-hospital medical services insurance contract shall not exceed the appropriate maximum subscription in effect at the date of the application for the contract.
- **10.** No carrier shall maintain in force, make or renew, or Prohibition make any payment under, any medical services insurance contract unless the carrier complies with sections 5 and 7.
- 11. A resident who is not a dependant, or the dependent Application spouse of such resident, is entitled to have a family or an enrolment individual standard medical services insurance contract or standard in-hospital medical services insurance contract issued to him if his application therefor is made during an open enrolment period and the subscription therefor is paid in advance.
- 12. Where a person qualifies to apply for a standard Application medical services insurance contract or a standard in-hospital during open medical services insurance contract only after the expiration period of an open enrolment period, he is entitled to have the contract for which he applies issued to him if his application therefor is made and the subscription therefor paid within thirty-one days following the day upon which he so qualifies.
- 13. Where a resident who is not a dependant, or the Where dependent spouse of such a resident, ceases to be covered coases after the expiration of an open enrolment period under a group contract medical services insurance contract issued by a carrier, such resident or such spouse is entitled to have a standard medical services insurance contract or a standard in-hospital medical services insurance contract issued to him by such carrier if

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his application therefor is made and the subscription therefor paid within thirty-one days following the day upon which he ceased to be covered under such group contract.

No waiting period

14. The coverage provided by a standard medical services insurance contract or a standard in-hospital medical services

insurance contract issued under section 11, 12 or 13 is not subject to, Shall Genome effective on the date of the

or condition.

Later applications, limitations

- 15. Subject to section 18, where the application of a resident who is not a dependant, or the dependent spouse of such a resident, for a standard medical services insurance contract or a standard in-hospital medical services insurance contract is not made and the subscription paid therefor within the period prescribed by section 11, 12 or 13, as the case may be, such resident or spouse may nevertheless apply for a standard medical services insurance contract or a standard in-hospital medical services insurance contract at any time, and, upon payment of the subscription and the late enrolment fee prescribed by Medical Carriers Incorporated, a contract shall be issued to such resident or spouse subject to the following limitation of benefits:
 - 1. No benefit shall accrue for medical or surgical care or services rendered to a covered person during the three months immediately following the date of the contract.
 - 2. No benefit shall accrue for medical or surgical care or services rendered to a covered person during the ten months immediately following the date of the contract if such costs arise from pregnancy or resulting child-birth or miscarriage or conditions that result directly or indirectly therefrom.

Fixed terms

16. Where a standard medical services insurance contract or a standard in hospital medical services insurance contract is issued and the subscription paid therefor during the initial open enrolment period, it shall, for a period of two years from the day on which this Act came into force,

- (a) not be terminated by the carrier except for misrepresentation or non-payment of the subscription; and
- (b) require a subscription not to exceed the maximum monthly subscription rates as follows:

	candard Medical ervices Insurance Contract	Standard In- Hospital Medical Services Insurance Contract
 Resident Single family 	X	Y
maximum	$2\frac{1}{2}$ X	2½ Y

17. All benefits under a standard medical services insurance Schedule contract or a standard in-hospital medical services insurance governs benefits contract during the two-year period specified in section 16 shall be computed on the basis of the Ontario Medical Association's schedule of fees in effect on the day this Act came into force, and thereafter shall be computed on the basis of the Ontario Medical Association's schedule of fees in effect from time to time.

18.—(1) After the expiration of the two-year period Adjustment ecified in section 16. specified in section 16,

- (a) any carrier may from time to time, but not more often than once in any year, adjust the rate of subscription in accordance with its normal business practice, but any such adjustment shall be on a class-risk basis and not on an individual or family basis and shall in no event exceed the maximum subscription for the time being in force; and
- (b) Medical Carriers Incorporated may at any time, but not fewer than sixty days and not more than ninety days before the end of a year, with the consent of the Superintendent, adjust the maximum subscription rate.

(2) If the Superintendent does not within thirty days of Arbitration the date of application by Medical Carriers Incorporated consent to the adjustment of the maximum subscription rate, the matter shall be referred for decision to a board of three arbitrators, one to be named by the members licensed to undertake the business of accident and sickness insurance under The Insurance Act, one to be named by all other mem-R.S.O. 1960, bers, and one to be named by a judge of the Supreme Court upon the application of the other two arbitrators.

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Powers of arbitrators R.S.O. 1960 c. 18

(3) The arbitrators shall have all the powers of arbitrators under *The Arbitrations Act* and may at any time and from time to time proceed in such manner as they think fit on such notice as they deem reasonable.

Award

(4) The award of the arbitrators or of a majority of them shall be made within thirty days of the referral of the matter to them, and it is final and binding on all members.

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Cancellation of contracts

19.—(1) Subject to section 16, any carrier may, upon giving sixty days notice in writing to the Minister and to the insured in the manner prescribed in the contract, cancel all but not part of its medical services insurance contracts.

Licence terminates (2) Upon the expiry of such period of sixty days, the licence issued to the carrier under this Act automatically terminates.

Provision for other insurance

- (3) Any carrier that cancels its medical services insurance contracts under subsection 1 shall, in the notice of cancellation given under that subsection, state that the covered persons may, within a period of sixty days from the date of the notice, make application to any other carrier for a standard medical services insurance contract or a standard in-hospital medical services insurance contract, and such other carrier, upon receipt of an application and the subscription therefor, shall issue a standard medical services insurance contract or a standard in-hospital medical services insurance contract, but the contract shall not be subject to.
 - (a) a waiting period or any limitation of benefits with respect to pregnancy or resulting child-birth or miscarriage or any other condition that results directly or indirectly therefrom; or
 - (b) a waiting period or any limitation of benefits with respect to a pre-existing physical or mental infirmity or condition.

Carrier's liability continues to date of cancellation (4) Notwithstanding anything in this Act, any carrier that cancels its medical services insurance contracts under subsection 1 shall, subject to receipt of proper notice and proof of claim within the times prescribed in the contract, remain liable to the date of cancellation for all benefits to which a covered person is entitled under the contract to the date of cancellation, and the carrier shall refund on a *pro rata* basis any unearned subscription.

Double coverage **20.**—(1) Where a person who is covered by a standard medical services insurance contract or a standard in-hospital medical services insurance contract makes a claim under that

contract and has, in force at the time a claim arises under that contract, any other medical services insurance coverage, no benefit is payable under that contract,

- (a) if the other coverage is on a group basis; or
- (b) if the other coverage is on an individual or family basis and its effective date is prior to the effective date of that contract.
- (2) Where a person is covered by a standard medical services insurance contract or a standard in-hospital medical services insurance contract and is otherwise entitled to receive (2) Where a person is covered by a standard medical Idem services insurance contract and is otherwise entitled to receive or to be compensated for medical or surgical care or services under any Act of this Legislature or under any enactment of any other jurisdiction, he is not entitled to benefit under such contract to the extent that he is so otherwise entitled.
 - 21. The Lieutenant Governor in Council may make Regularegulations,
 - (a) designating classes of persons for the purpose of clause b of section 3;
 - (b) excluding classes of persons from this Act or any provision thereof;
 - (c) respecting any matter necessary or advisable to carry out effectively the intent and purpose of this Act.
 - 22. Notwithstanding The Corporations Tax Act, no tax No corporashall be charged or levied upon any carrier in respect of sub-subscriptions scriptions paid on standard medical services insurance con-R.S.O. 1960, tracts or standard in-hospital medical services insurance contracts.
 - 23. In the event of conflict between any provision of this Conflict Act and any provision of any other Act, the provision of this Act prevails.
 - 24. This Act comes into force on a day to be named by the Commence-Lieutenant Governor by his proclamation.
 - 25. This Act may be cited as The Medical Services Insurance Short title Act, 1962-63.

SCHEDULE A

BENEFITS PROVIDED BY A STANDARD MEDICAL SERVICES INSURANCE CONTRACT

Necessary professional services of a physician, wherever rendered, unless excepted under this Act or under this Schedule.

Exceptions:

- 1. Annual or periodic health examinations. pardu
- Services that a covered person is entitled to receive without charge.
- 3. Laboratory and other diagnostic procedures rendered as hospital services to the extent that these are provided for under the plan of hospital care insurance under The Hospital Services Commission Act; dental services; ambulance services; nursing services; dressings and cast materials; use of operating, plaster, or fracture rooms; services of government or commercial laboratories; drugs, vaccines, biological sera or extracts or their synthetic substitutes; eye glasses; special appliances; oxygen; physical therapy and other similar treatments.
- 4. Medical, surgical or obstetrical services when the covered person is a patient in a sanatorium, institution or special hospital for tuberculosis, mental illness or disease, alcoholism, epilepsy, or drug addiction, where such services are paid for by the sanatorium, institution or special hospital.
- Services with respect to conditions that do not interfere with the covered person's bodily functions, or with respect to treatment for cosmetic purposes.
- Newborn-infant care rendered by the physician delivering the infant.
- 7. Mileage.
- 8. Advice by telephone.
- 9. Any services or examinations for the purpose of,
 - (a) an application for insurance or under a requirement for keeping insurance in force;
 - (b) an application for admission to or continuance at or in a school, college, university, camp or an association;
 - (c) employment, or the continuance of employment, or pursuant to the request of an employer or other person in authority;
 - (d) a passport, visa or other similar document.
- 10. Group inoculation or inoculations pursuant to a statute or by-law or regulation thereunder.
- 11. Refractions for safety glasses.
- Services rendered by a physician pursuant to an arrangement for rendering services to the employees of an employer or to members of an association.

SCHEDULE B

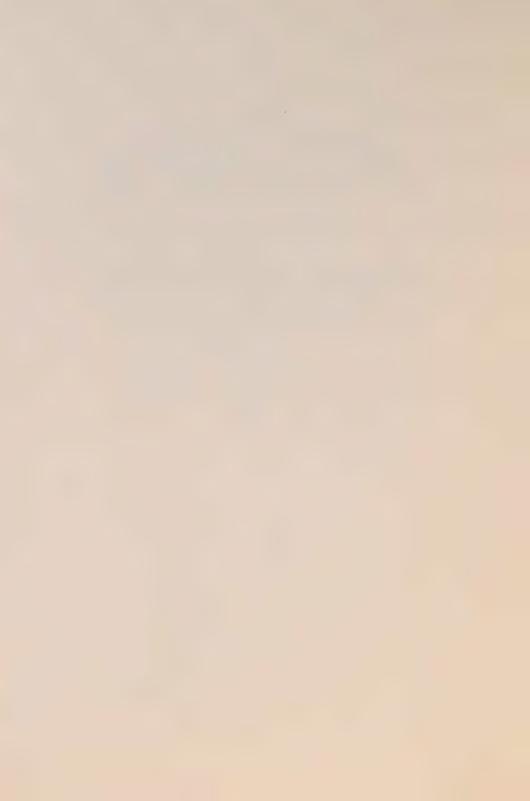
BENEFITS PROVIDED BY A STANDARD IN-HOSPITAL MEDICAL SERVICES INSURANCE CONTRACT

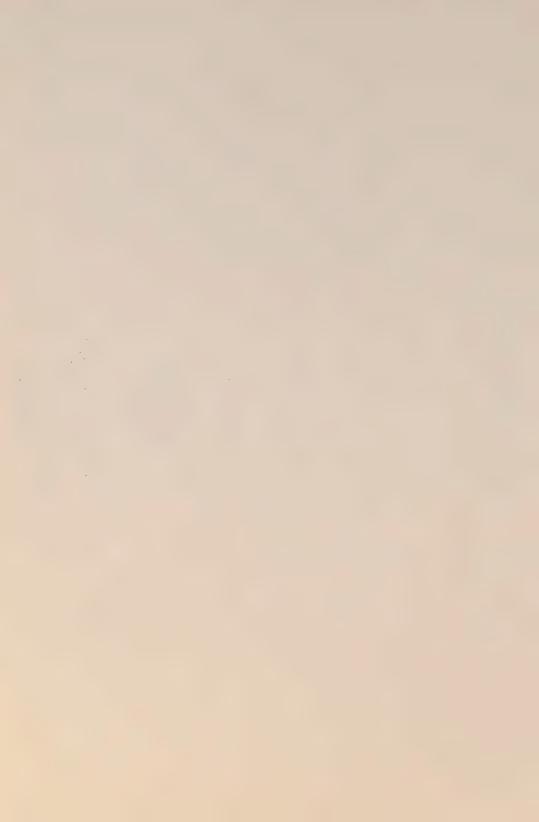
Necessary professional services of a physician rendered to an admitted bed patient in a hospital approved for the purposes of the plan of hospital care insurance under *The Hospital Services Commission Act*, unless excepted under this Act or under Schedule A.

SCHEDULE C

The classes of persons for whom, if they are in needy circumstances, the Minister may purchase standard medical services insurance contracts under clause a of section 3 of this Act are those who are in receipt of benefits under any of the following Acts:

- 1. The Blind Persons' Allowances Act.
- 2. The Disabled Persons' Allowances Act.
- 3. The General Welfare Assistance Act.
- 4. The Mothers' Allowances Act.
- 5. The Old Age Assistance Act.
- 6. The Old Age Security Act (Canada). -
- 7. The Rehabilitation Services Act. _





An Act respecting Medical Services Insurance

1st Reading April 23rd, 1963

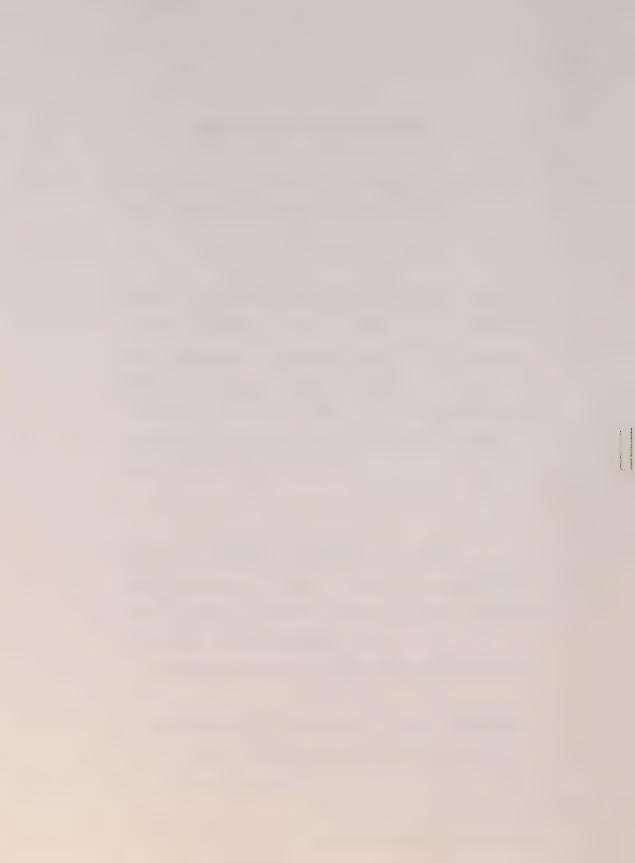
2nd Reading

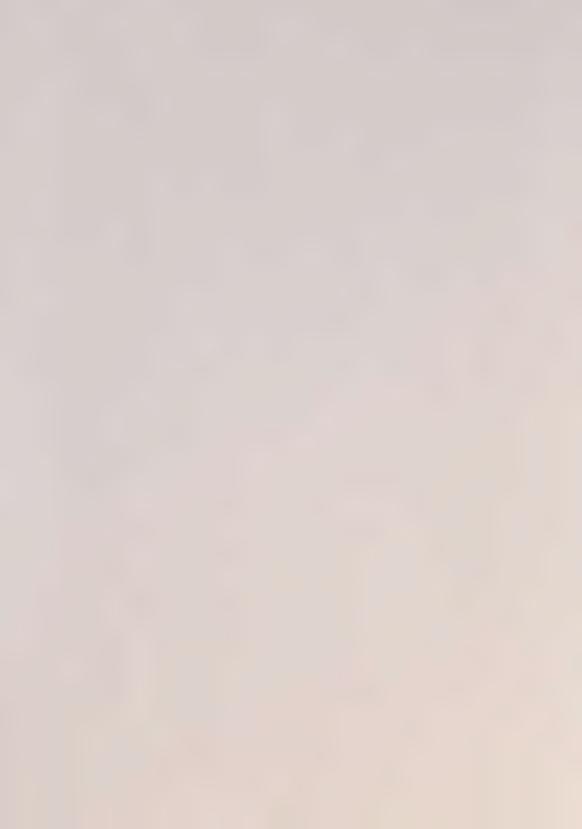
3rd Reading

Mr. Robarts

ONTARIO SOCIETY OF ORAL SURGEONS

- 1. Any insurance plan that may be introduced should provide coverage for Oral Surgery, on the same basis as surgery elsewhere in the body, so that everyone, indigent or otherwise, has this basic coverage. Any plan that is designed to serve the public properly must support a claim on the nature of the service rendered. This should be the criterion on which payment should be based.
- 2. To urge you to recommend that certified oral surgeons be paid on the same basis as physicians for oral surgical procedures, which are already included in many insurance contracts. This will not add to the list of insurable services, nor increase the cost of insurance. It will, however, allow the patient a free choice of doctor.
- 3. Finally, we vigorously urge that you recommend that the unfortunate existing situation be corrected and that oral surgical benefits should be a legal obligation in all insurance contracts and honoured, regardless of whether the surgeon happens to be a physician or a dentist.





Brief No. 11 ONTARIO PSYCHIATRIC ASSOCIATION

- 1. All prepaid medical insurance plans should cover mental illness on the same basis as any other illness.
- 2. All medical care should commence with the family practitioner who, when it becomes advisable, would refer his patient to other physicians. It therefore follows that the family practitioner is to be reimbursed for diagnosis and for treatment of psychiatric disorder including psychotherapy according to the general tariff of the Ontario Medical Association.
- 3. In or out of hospital, consultation with report to referring physician, wherever provided by a psychiatrist, should be covered on the same basis as any other specialist consultation, with the exception of:

Examination required for the administration of justice.

and

Consultations with the staff of social, educational, vocational, and other agencies where direct patient care is not involved

and

Other situations not covered by medical care insurance.

- 4. For out of hospital treatment, psychiatric care should be covered according to the Ontario Medical Association schedule. Psychotherapy should be limited to the cost of the equivalent of fifty hours per annum.
- should provide medical fees for specialists as for any other illness and according to the Ontario Medical Association schedule. Services must be available on medical advice to the individual patient, wherever treated. The principle here is that of designation of patients or illnesses rather than locations. Thus, would be included hospitals operated under the Mental Hospitals Act of Ontario, the Psychiatric Hospitals Act of Ontario, the Private Sanitaria Act, the Community Psychiatric Hospitals Act, the Children's Mental Hospitals Act, as well as the Public Hospitals Act.
 - 6. Chronic hospital psychiatric care should be on the same basis as all other care and include hospitals under the Mental Hospitals Act of Ontario, the Psychiatric Hospitals Act of Ontario, the Private Sanitaria Act, the Community Psychiatric Hospitals Act of Ontario, the Children's

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Mental Hospitals Act, as well as the Public Hospitals Act; and should be according to the Ontario Medical Association schedule.

- 7. In general the policy of co-insurance for all medical care is recommended.
- 8. Hospitals designated as undergraduate teaching hospitals should be geographically designated teaching units with adequate facilities, full time teaching members arranged in such a manner that the teaching facility does not become subservient to treatment services, and that there is a graded responsibility for teaching staff from student to resident and an acceptable arrangement made for the pooling and division of fees.
- 9. Paragraph 4 of Schedule A of Bill 163 (1963), which specifies exceptions to the Bill and which now reads:

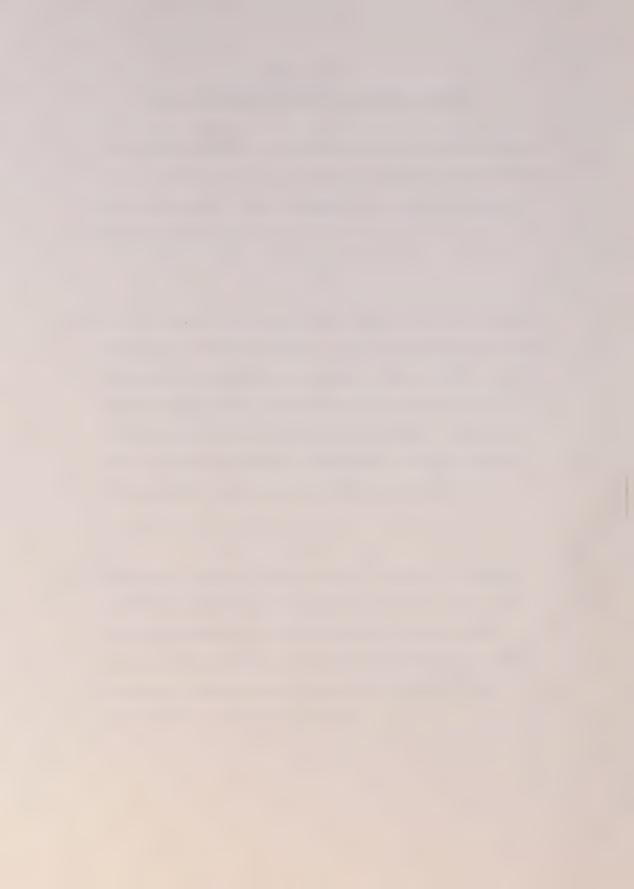
 "Medical, surgical or obstetrical services when the covered person is a patient in a sanatorium, institution or special hospital for tuberculosis, mental illness or disease, alcoholism, epilepsy, or drug addiction, where such services are paid for by the sanatorium, institution

or special hospital."

Be amended to read:

"Medical, surgical or obstetrical services provided to a covered patient in a hospital or institution when these services are rendered by a physician paid a salary to provide such services."







Brief No. 12 THE ASSOCIATION OF REMEDIAL GYMNASTS (ONTARIO)

- 1. The Remedial Gymnast be included in present and future Medical Care programmes where his services are beneficial and contribute to the treatment of the individual and the welfare of the population of Ontario as a whole.
- 2. That in larger institutions employing a Specialist in Physical Medicine, the Remedial Gymnast be employed, under his direction, to relieve the pressure of out-patient loads upon the Physiotherapist where exercise and general conditioning is the main purpose of the out-patient attendance. This would enable the Physiotherapist to devote more time and attention to the specific requirements of resident patients.
- 3. The Gymnast, trained in the specialty of Remedial Gymnastics and Recreational Therapy, be employed in public school and community programmes in which Prevention of Physical and Functional Deterioration and Correctional Therapy is a prime requisite. This health care should be the right of all, especially the youth of the province.

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- 4. A course of training in Remedial Gymnastics and Recreational Therapy be established to meet the present and future demand for trained Remedial Gymnasts. This course should be comparable to that of the Remedial Gymnast in Great Britain and the Corrective Therapist in the U.S.A.
- 5. A programme to recruit suitable candidates for training as

 Remedial Gymnasts be instituted. This should be done at

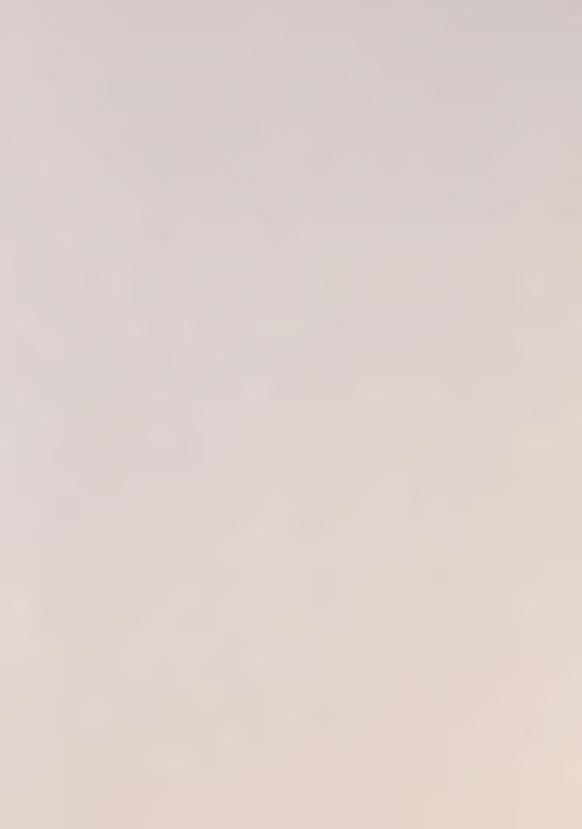
 the Senior Matriculation level through the Vocational Guidance

 Counsellor service of the Department of Education.
- 6. To attract the right type of person into this profession an equitable salary must be offered.

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Brief No. 13 THE ONTARIO ASSOCIATION OF SOCIAL WORKERS

- That a plan to provide comprehensive health service should be established.
- 2. That there should be no difference in the kind, quality or form of care available under the plan based on the ability of the patient to pay.
- 3. That universal coverage is essential. One of the reasons for recommending a government-administered plan financed from taxes is that it would achieve our goal of universal coverage. We recognize that if the plan is administered provincially flexibility in the method of financing may be necessary as in Hospital Insurance. We would hope that such flexibility might be regarded as a stage in development toward the goals of a tax supported program.
- 4. That the services should be available to all persons domiciled in Canada without distinction. We recognize that a plan for one province cannot fully achieve this objective but it should

Section 1. Supposed to the control of the control of

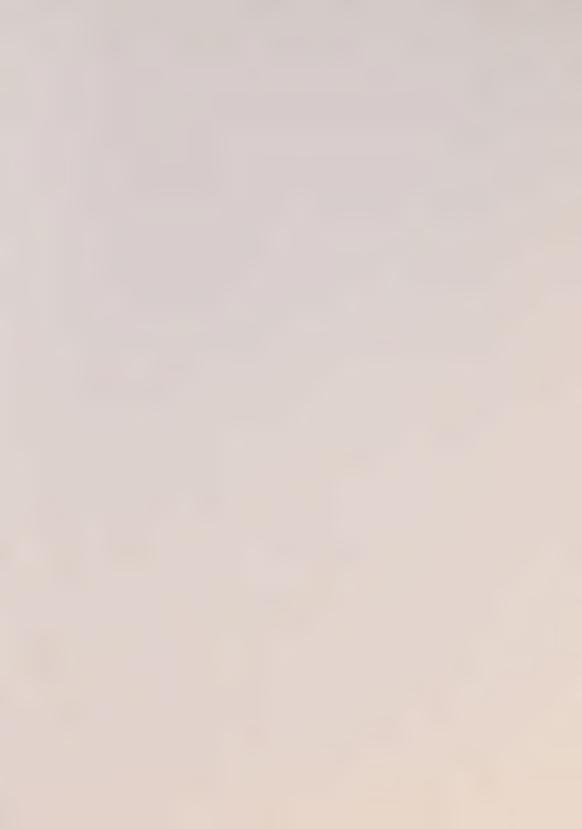
come as close as possible to doing so.

5. That the plan should be administered in such a way as to provide citizen participation in the policy-making body.

While medical decisions must be left to the medical profession, provision should be made for participation in policy-making of the citizens of the country. The consumers of health care have a right to be represented in the administrative body.

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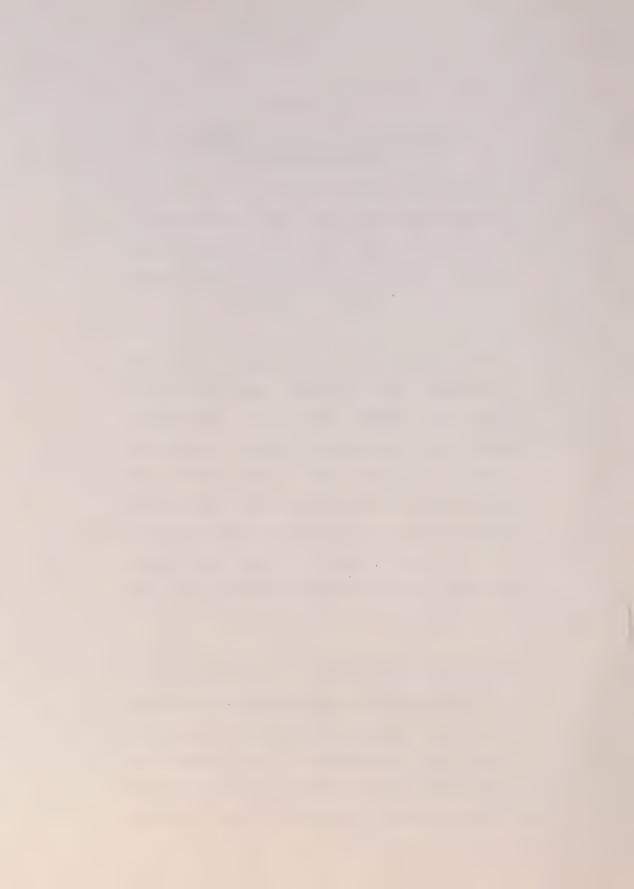
ASSOCIATED NURSING HOMES INCORPORATED, ONTARIO.

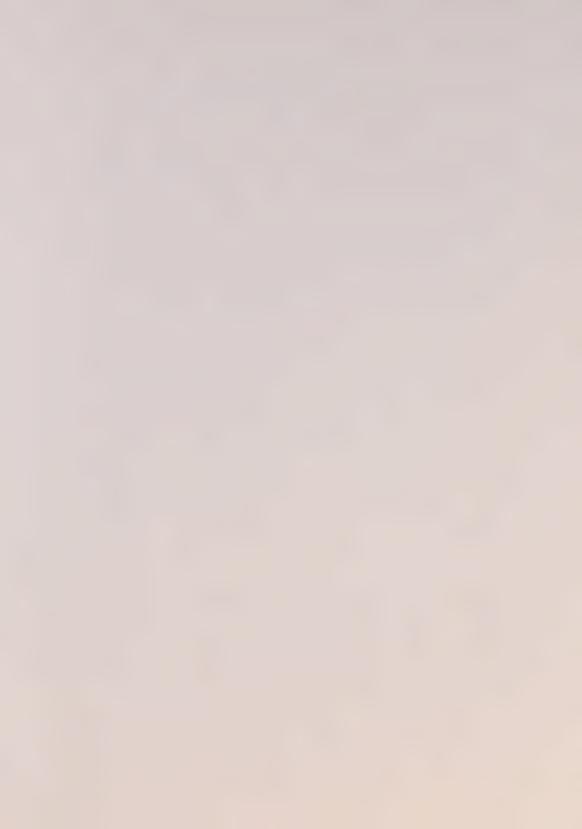
- 1. Associated Nursing Homes of Ontario is of the opinion that comprehensive health care, supported equitably by prepayment and or taxation is a basic right of every citizen of Canada: that piecemeal legislation to cover this or that aspect of health care is costly, time consuming and results in duplication of administration, overlapping of services and spiralling costs.
- 2. The Association also asks that the Government attempt to discover some method whereby persons requiring assistance with payment of premiums for this insurance be spared the indignity of present methods of means testing. It is suggested that a simple declaration on oath of taxable income of twenty-five hundred dollars or less per year be used.
- 3. The Association further asks the Government to continue its efforts toward comprehensive health care, particularly in reference to the very evident need for some form of assistance to persons requiring geriatric care in the Province.

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THE CANADIAN MENTAL HEALTH ASSOCIATION ONTARIO DIVISION

- 1. That any legislation respecting Medical Services Insurance in Ontario be so compiled that it provides for medical insurance plans to cover mental illness on a basis no different from that of other illnesses.
- 2. That, since the type of medical service and care which a mentally ill person receives is often dependant upon the geographic location of his community, thus resulting in one patient receiving a service which is tax supported while another receives a service which is fee supported, and since such a distinction between the types of service is a strong factor in perpetuating the stigma of mental illness, the principle be accepted of insured benefits being made available when and where needed by the patient.
- 3. That, in order to make recommendations 1. and 2. above practical and possible, distinction should be made between patients who are in need of active treatment, those who are in need of convalescent or chronic care and those who are in need of sheltered living arrangements; the medical costs for these three categories can be as well

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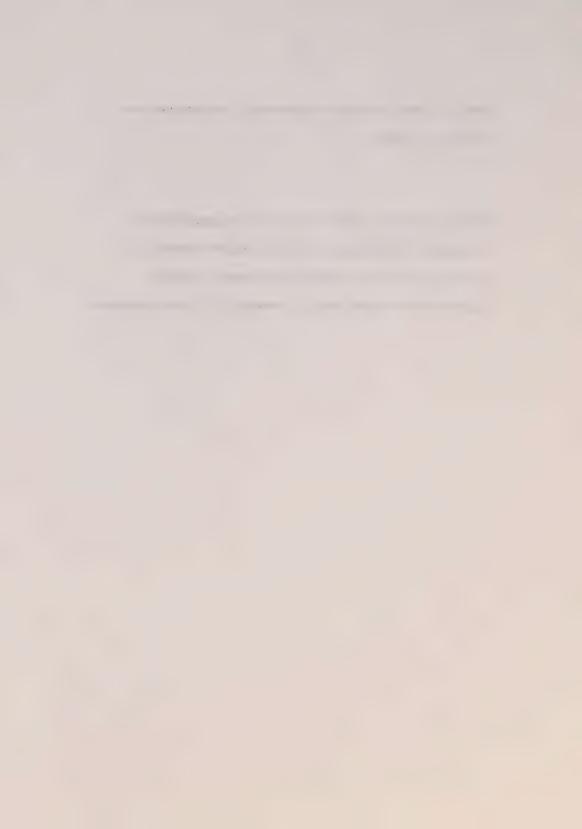
defined, and therefore as insurable, as they are for physical illness.

4. That, in order to effect the above recommendations,

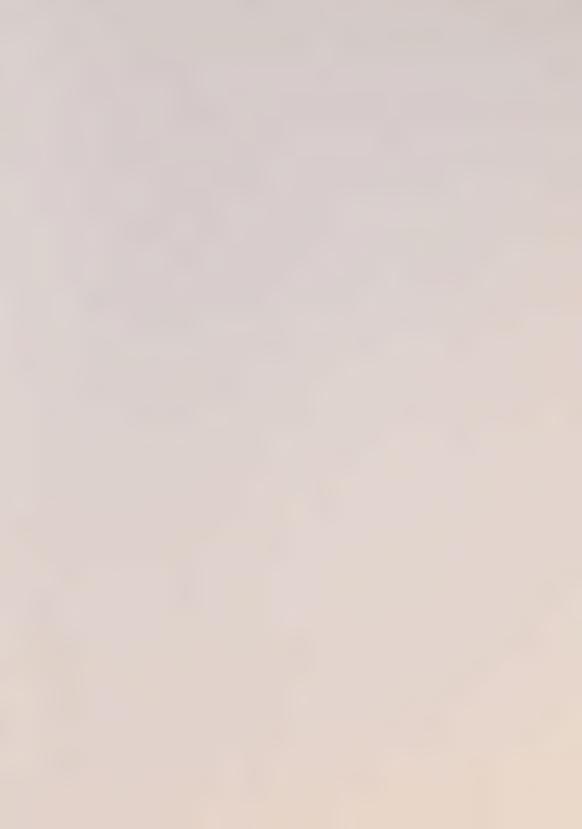
paragraph 4 of Schedule A of Bill 163 be amended in

such a manner that a general exclusion of mental

illness from insured medical services will be eliminated.







ESSEX COUNTY CHIROPRACTIC COUNCIL

- 1. Overwhelming public endorsement of pre-paid health care
- 2. Public support of chiropractic in this area since 1912 and recognizing that both professions have established ethical business practices with the insurance carriers that have placed both services on a sound reasonable premium basis founded on basic actuarial experience in the past decade, we feel that both professions have deserved the support they enjoy from both the public and the insurance carriers.

We suggest that it would therefore be reasonable to anticipate that the future Standard Schedule of Services would continue to provide both services. While it may be necessary to equate the overall amount of services presently available to evolve the future Standard Schedule of Services it would appear logical to continue to provide some portion of every facet of medicine and chiropractic to form the basis for the future expansion of health services in Ontario.

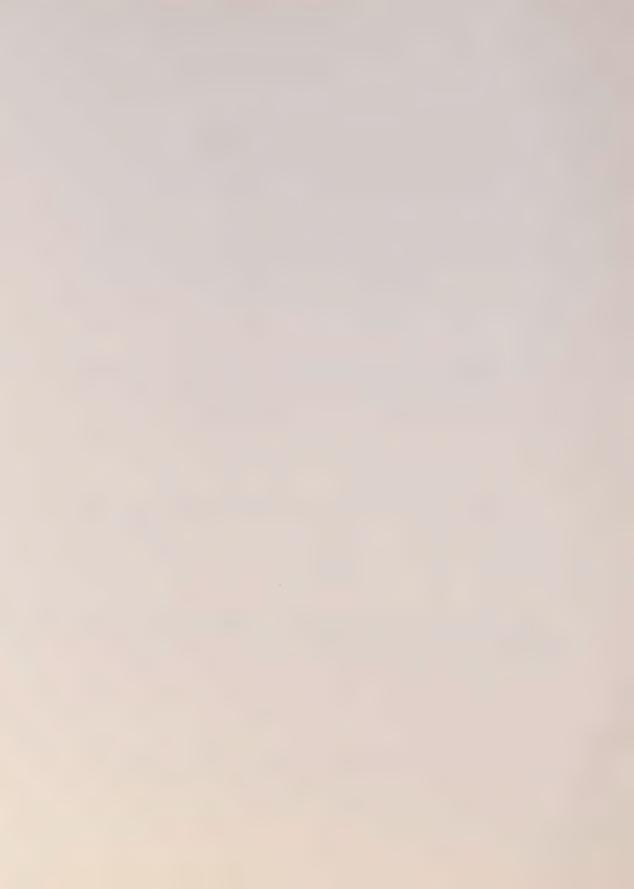
We therefore recommend that the level of services provided by Windsor Medical Services together with the addition of chiropractic services affords a most reasonable, comprehensive, and actuarially sound basis from which the future Standard Schedule of Medical Services could be established.

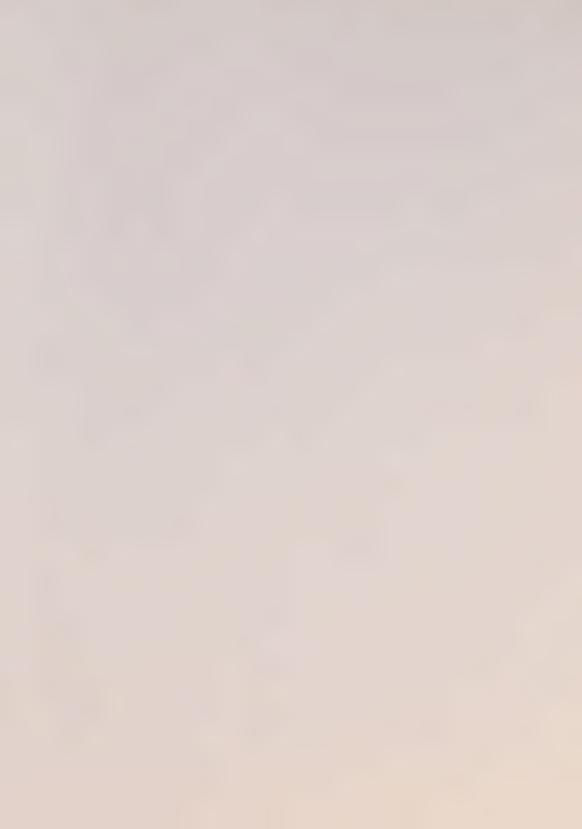
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CO-OPERATIVE MEDICAL SERVICES FEDERATION OF ONTARIO

- Protection of the right of self-determination in the areas of extent of benefits and kinds of service we may provide for ourselves in addition to the compulsory ones we must provide,
- Recognition by all groups that this Bill is to be merely the first step in the provision of mechanisms of complete health care insurance for the people of Ontario,
- Equal and impartial treatment of all carriers in the settlement of accounts,
- 4. Reasonable notification of changes in the Medical Schedule of Fees and acceptance of the Schedule of Fees when paid in full as discharge of patient or insurer liability,
- Establishment of medical student bursaries through the use of a portion of the premiums collected,

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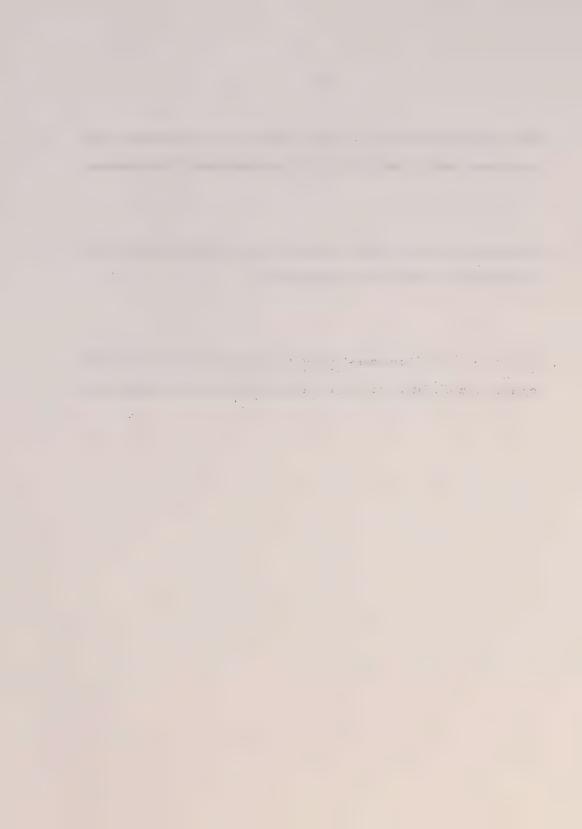
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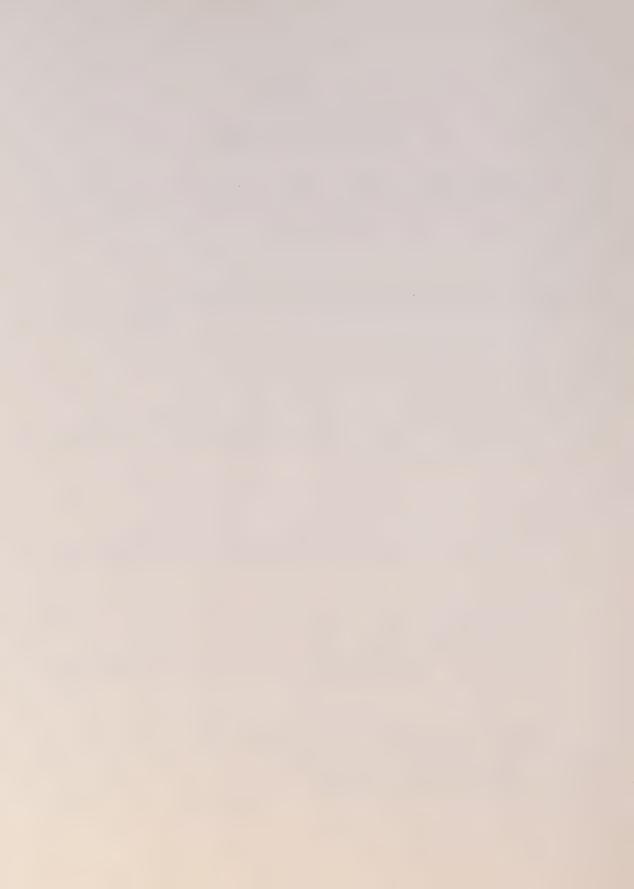
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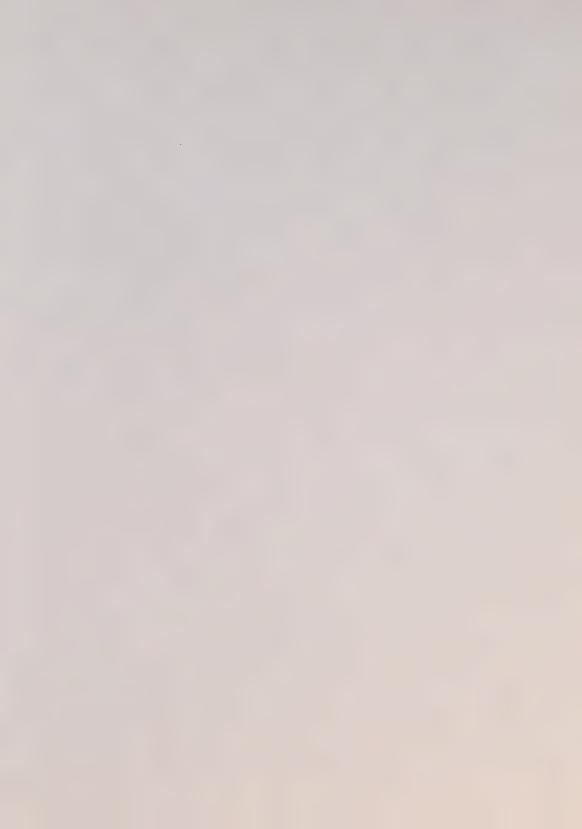
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- 6. Use of the Department of Insurance facilities to co-ordinate open enrollment periods and observance of maximum premium requirements,
- 7. Cessation of discriminatory premium rating practices against the self-employed segments of our population,
- 8. Protection of the consumers' right to participate directly in the operation and control of their own democratically-run organization.

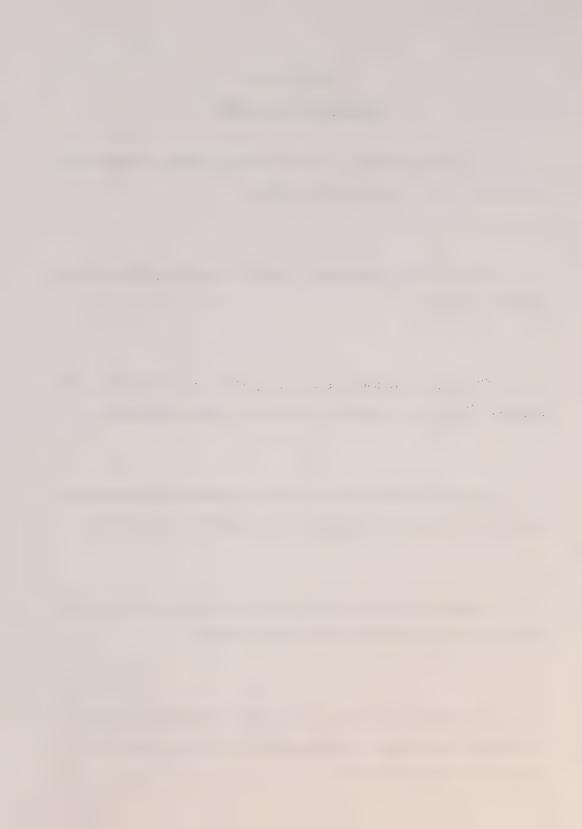


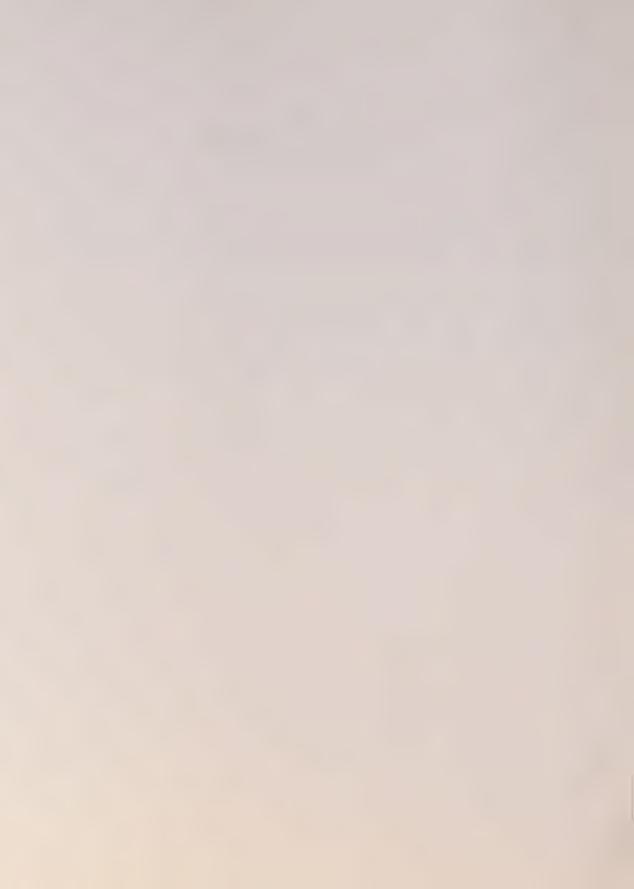


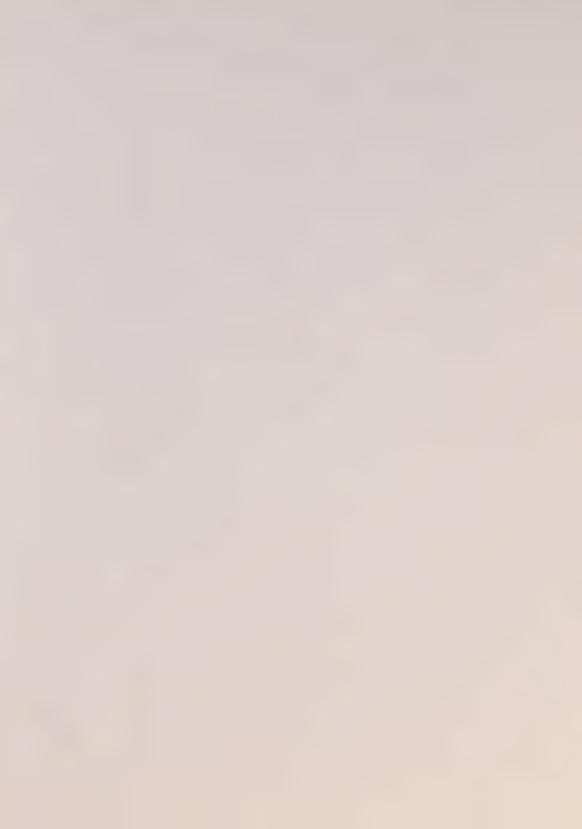


ONTARIO SOCIETY ON AGING

- 1. Comprehensive Health Insurance coverage within the means of all older people be made available without delay.
- 2. The Provincial Department of Health establish a Branch of Aging and chronic illness.
- 3. The Provincial Government give immediate consideration to the extension of Home Care Programmes through local Health Departments.
- 4. Provision be made for in-patient and out-patient coverage for rehabilitation services in hospitals and in rehabilitation centres.
- 5. Further aid be given to research to explore the nature of the aging process and to support epidemiological studies.
- 6. Co-ordination of effort in the field of aging be encouraged by setting up a provincial interdepartmental committee on aging and local senior citizens councils.







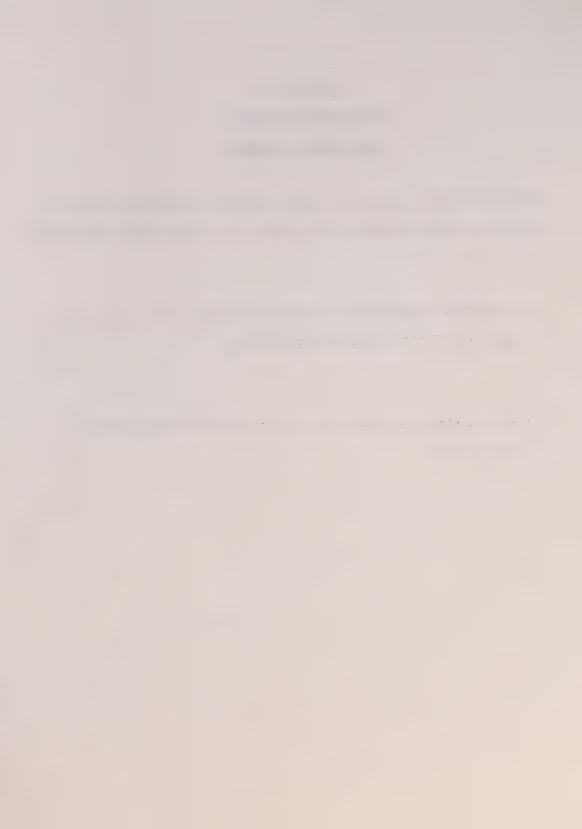
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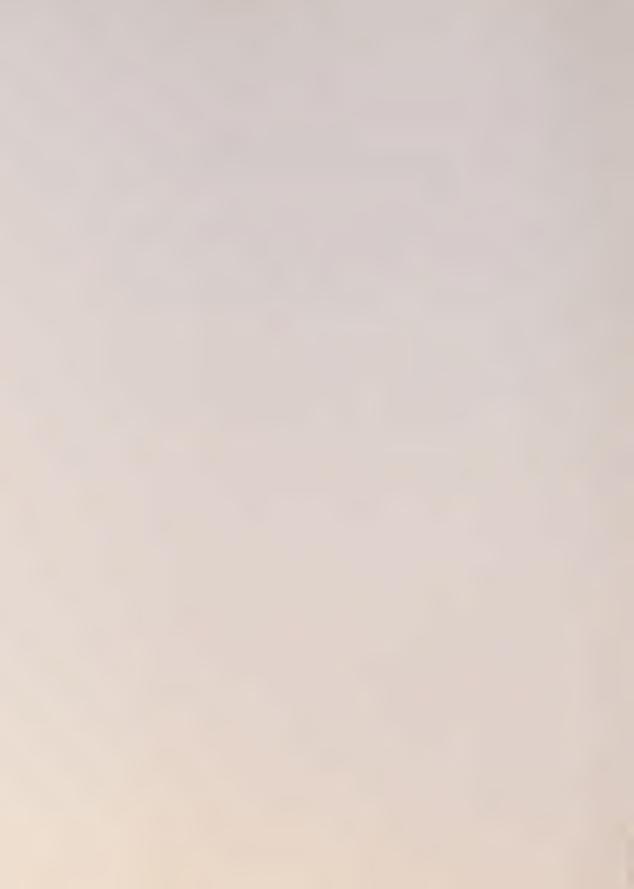
UNITED CHURCH OF CANADA

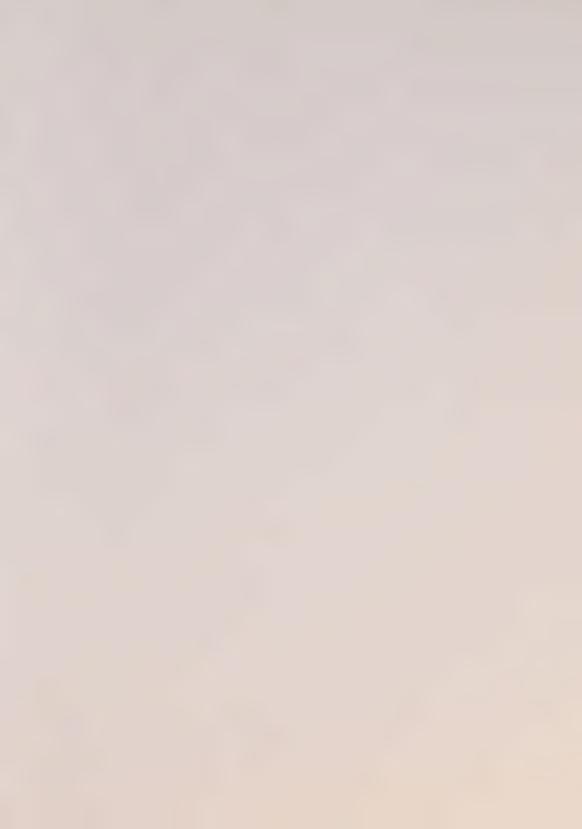
Whereas the overall aims and the general design of the Medical Services

Insurance Act are commendable, there appear to be the following weaknesses:

- No provision whatsoever is made for the coverage of the purchase of drugs, dental work and optical accessories.
- The financing of the plan is not on an equitable basis, geared to ability to pay.

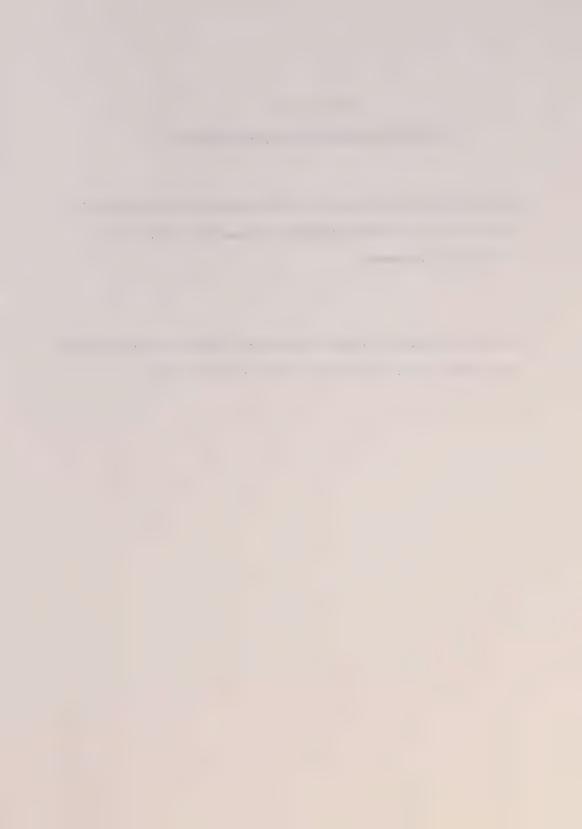




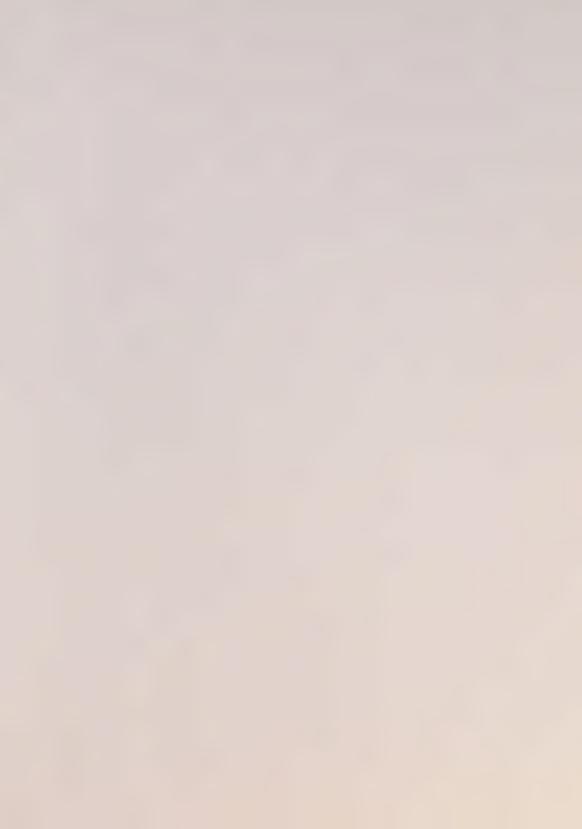


THE ONTARIO PSYCHOLOGICAL ASSOCIATION INC.

- That the proposed program of health insurance include parallel assistance for both the physically ill and the mentally and emotionally disturbed;
- That psychological services rendered by a Registered Psychologist be included among the benefits of the insurance plan.







C.T. PETERSON, D.D.S., PERIODONDIST

Oral Health Services should be a vital part of the Medicare

Program for the Province of Ontario if it is used as a medical

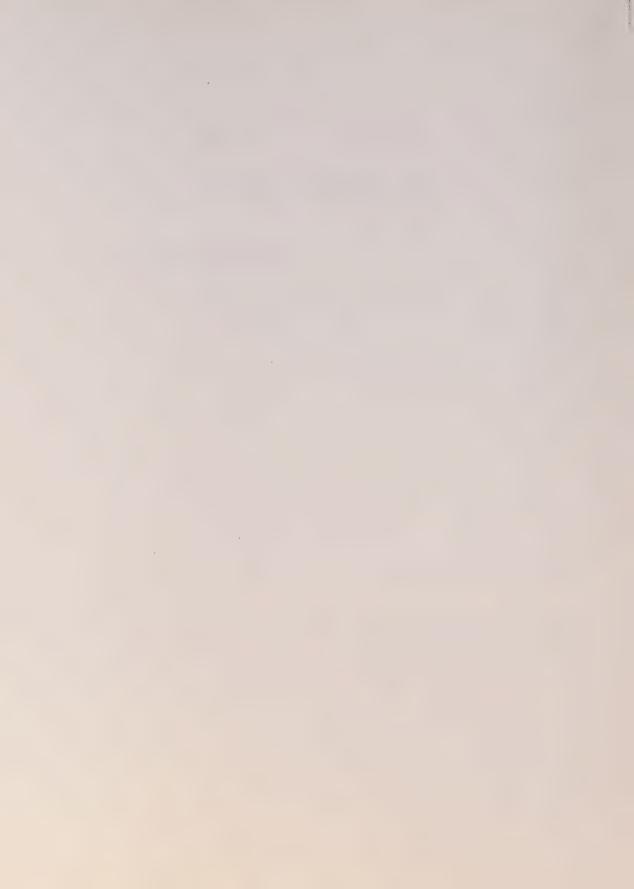
approach to the problems of oral diseases.

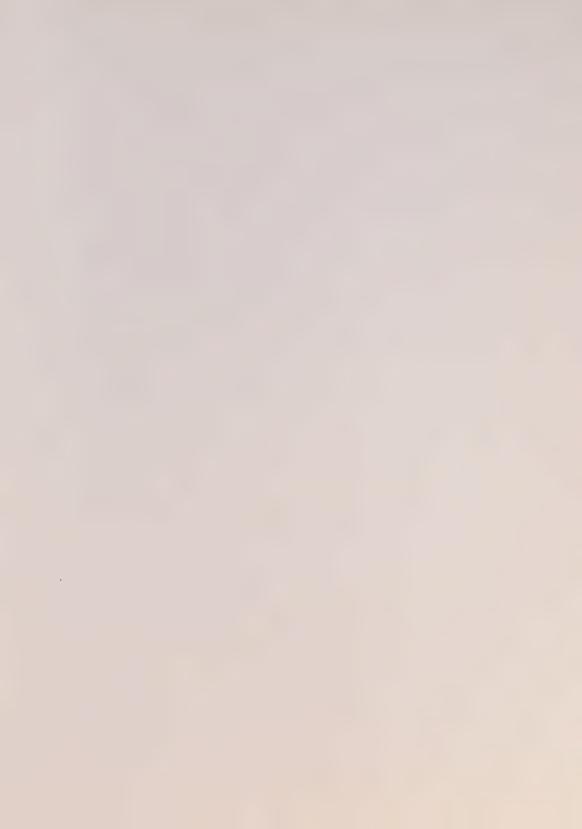
Possibilities of Oral Health Services to the citizens of Ontario could be:

- 1. Non compulsory (they would understand the benefit of it)
- 2. Operated through private agencies
- 3. Available to all
- 4. Payment made quarterly
- 5. Insured under scientific principals rather than cosmetic treatment.
- 6. Doctor patient relationship retained
- A basic service of the general practicioner in dentistry with a family plan of Medical Insurance Services
- An encouragement for children and adults to value healthy mouths and provide an incentive to keep them healthy.

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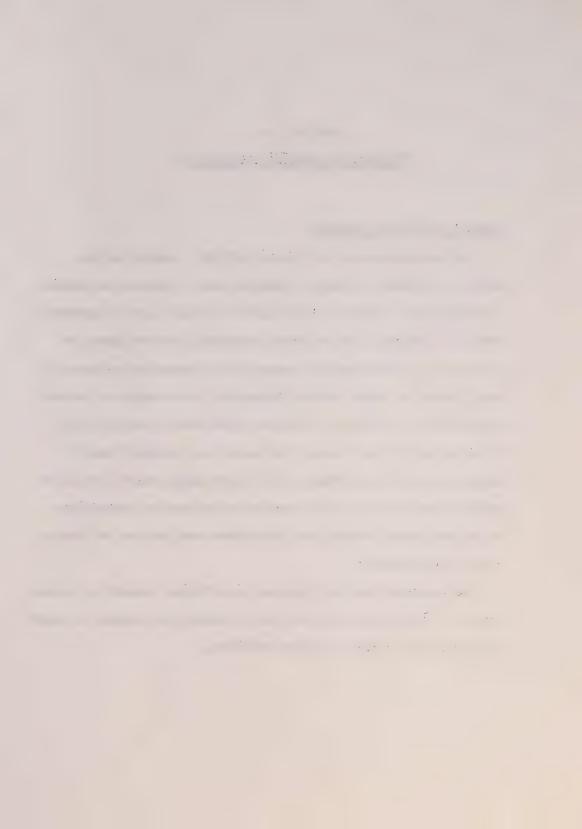


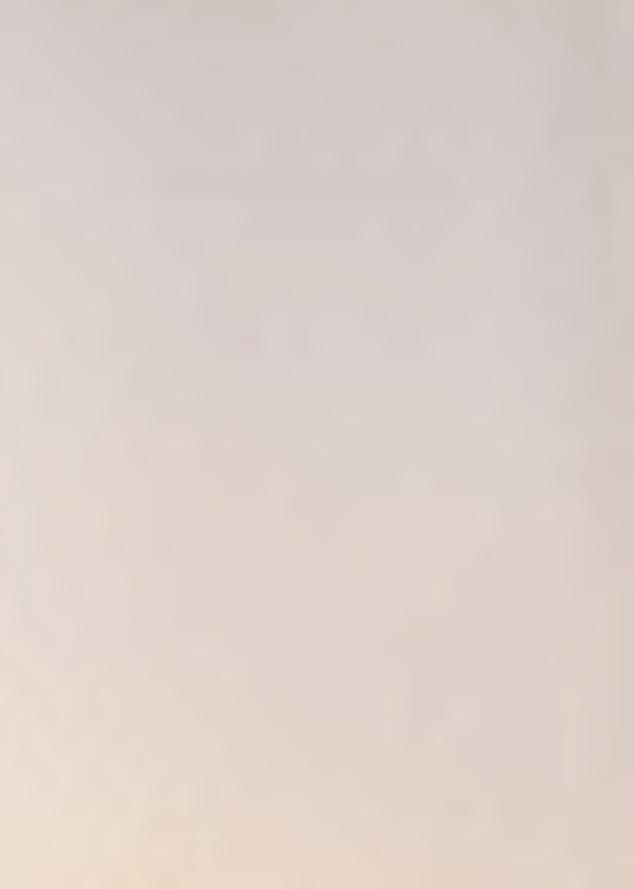
THE RAILROAD HOSPITAL ASSOCIATION

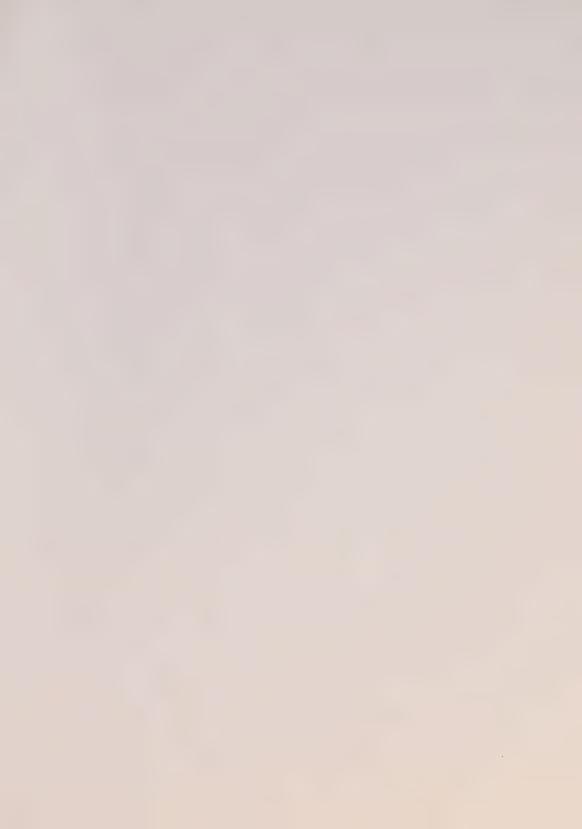
DANGERS IN OPTIONAL COVERAGE

In consideration of section of Bill 163, relating to the matter of optional coverage, it appears that a resident can remain uninsured until such time as the need for medical care is apparent and still have the right to demand acceptance into the group of his choice. In this way the insurer will be compelled to accept a heavy burden of expense without having had the advantage of receiving any built up premiums to assist in the cost of medical care. Following the thought through, the member can withdraw from the group and rejoin at any future time he may again require medical or surgical care. Under such circumstances how can any insurer hope to collect enough premium money to balance with the cost of taking care of his expenses?

We recommend that the Committee give further thought to circumstances of this nature with the view of making such changes as might be required to correct the above condition.



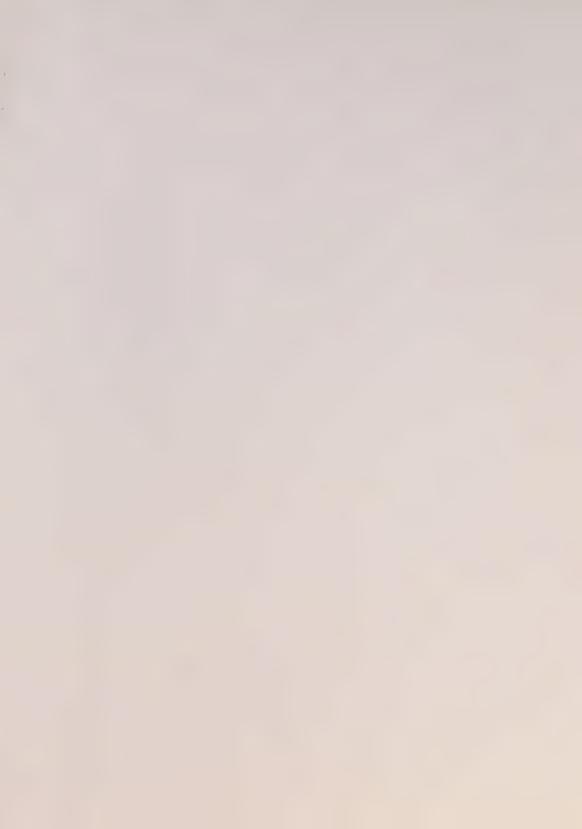




THE BOARD OF TRADE OF METROPOLITAN TORONTO

The Board suggests that consideration be given to amending the Bill to provide that services covered by the Bill, which are of a medical or surgical character, and services as defined in the Bill, may be performed by persons both qualified and licensed in this Province to perform such services.





THE ONTARIO PHARMACISTS' ASSOCIATION

In the matter of health insofar as the compounding and dispensing of drugs is concerned, the Ontario Pharmacists' Association supports the recommendations and statements of policy contained in the brief of the Canadian Pharmaceutical Association to the Royal Commission on Health Services. Summarized briefly the principles in respect to pharmaceutical benefits in a comprehensive health care plan are as follows -

- 1. The patient shall be free to obtain pharmaceutical services from the pharmacist of his choice.
- Benefits shall include any and all drugs considered necessary by the authorized prescriber for the welfare of the patient, as well as specified therapeutic devices. The only restrictions on prescribing shall be in terms of quantity for any single prescription and the number of times it may be repeated.
- 3. Drugs and all pharmaceutical services shall be supplied directly to the public only by pharmacists through legally authorized and retail pharmacies in the province so concerned. In hospitals, the supplying of drugs and related professional services shall be limited to bona fide hospital patients.
- 4. The profession of Pharmacy shall have direct representation on any body charged with the initiation and development of policies pertaining to pharmaceutical services. Pharmacists shall he directly involved in the administration of such

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Brief No. 24 (Cont'd)

THE ONTARIO PHARMACISTS' ASSOCIATION

- 5. A pharmacist shall be free to conduct his practice or any part thereof outside of such health care plan if he so chooses.
- 6. Such plan shall recognize existing federal and provincial legislation concerning Pharmacy and/or drugs and nothing in these plans shall contravene such legislation.
- 7. Members of the profession of Pharmacy shall have the right to determine the basis of their remuneration for professional services as distinct from payment for materials involved in the rendering of pharmaceutical services. The amount and manner of such remuneration for both professional services and materials shall be a matter of negotiation from time to time to riflect changes in economic conditions.
- 8. While this association does not look with favor upon the use of deterrents the fact must be faced that it has been necessary to introduce controls on pharmaceutical benefits in every major health care plan on which data are readily available. Rather than introduce restrictions in undesirable stages, such controls as might seem advisable should be introduced at the beginning of a health care plan so that there may be a possible reduction of restrictions at a future time.

This association believes that a Medical Health Care Plan, to be comprehensive, should include pharmaceutical benefits provided by pharmacists to every person covered by the Plan - the plan to include all those who are presently ineligible to participate in voluntary prepayment plans or who are financially unable to pay the costs involved. Subsidization of the Plan from public funds would make this possible.

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THE ONTARIO PHARMACISTS' ASSOCIATION

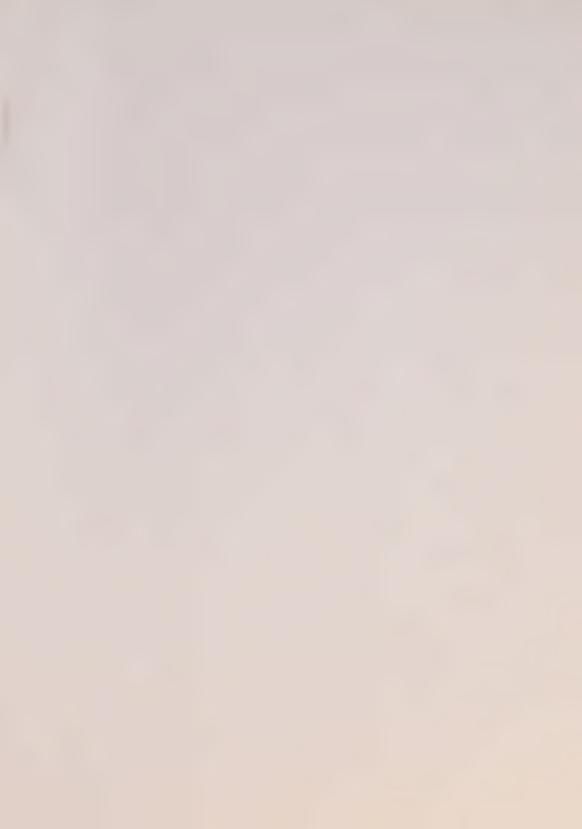
The O.P.A. submits that within the framework of the Ontario Hospital Services Commission is the machinery necessary for collecting the premiums required to pay for a comprehensive medical care plan.

The O.P.A. also submits that its member pharmacies are prepared and able to furnish pharmaceutical services to all persons in Ontario consistent with the fees schedule as presently used by the Green Shield Prescription Plan.

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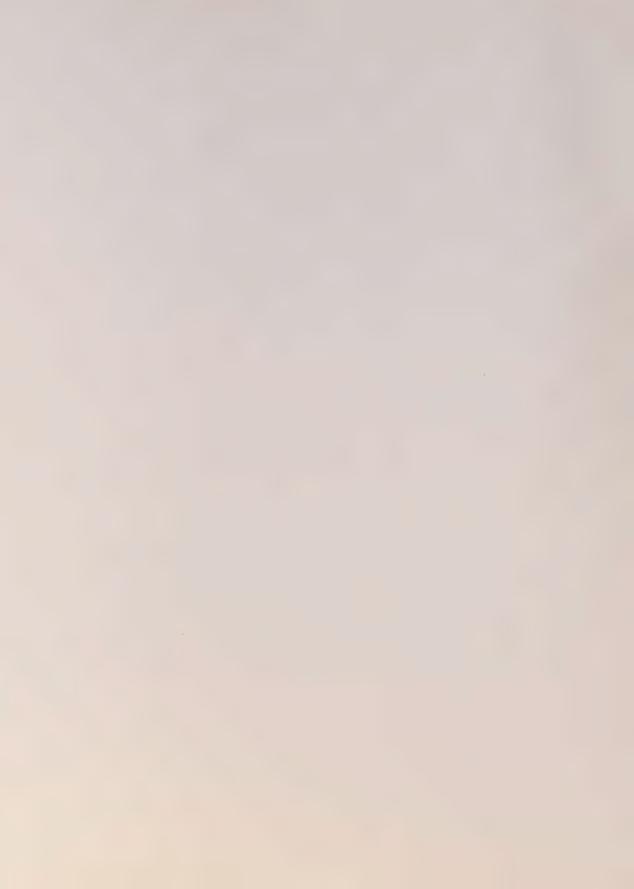


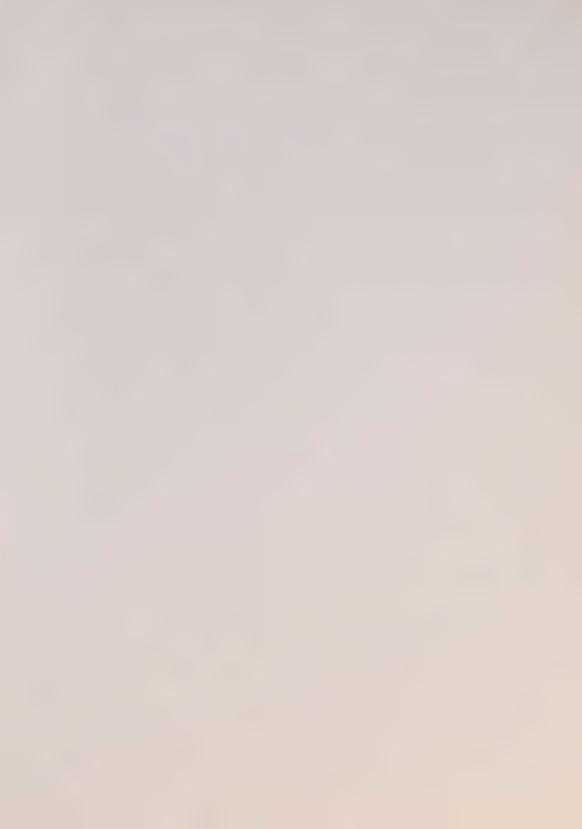


THE UNITED SENIOR CITIZENS OF ONTARIO INCORPORATED

The United Senior Citizens of Ontario Inc. request the Committee on Medical Services Insurance to approve:

- 1. A Comprehensive Medical Care Plan.
- 2. That it be publicly operated.
- That it be available without cost to retired senior citizens of Ontario.

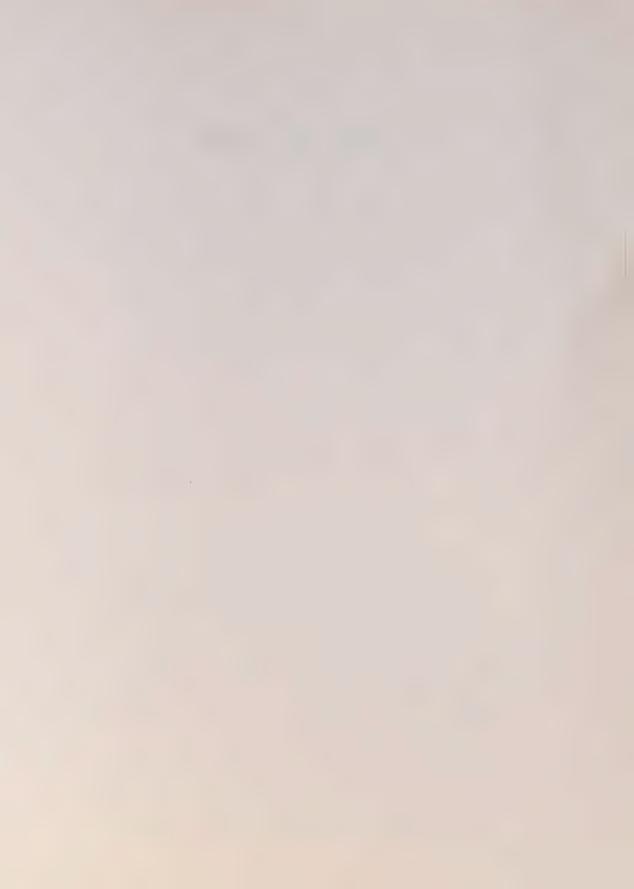


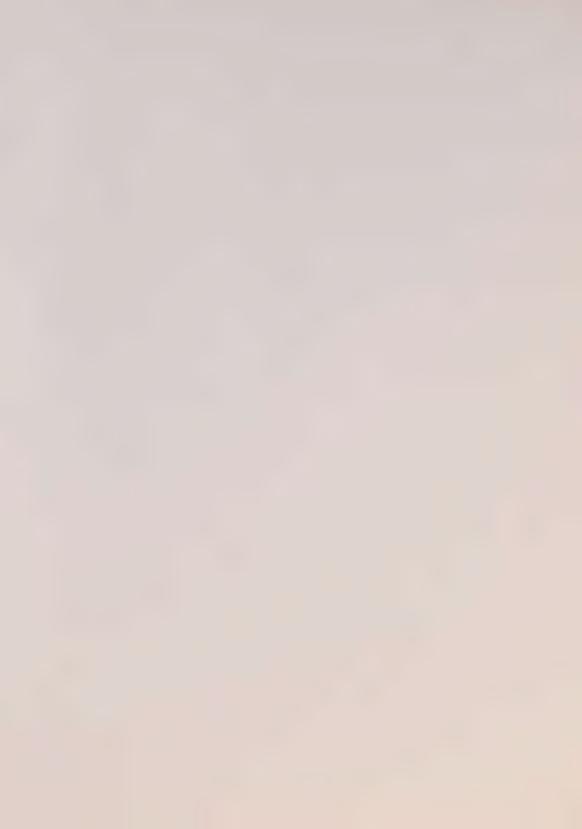


Brief No. 26 PRESCRIPTION SERVICES INC.

- Our first comment in this brief relates to the desirability of merging through a single carrier the provision of a prepayment plan for both prescriptions and medical care services. It is our submission that the merging of these two concepts in a single prepayment plan is undesirable in the public interest.
- 2. Our second comment is related to any possible redefinition or expansion of the expression "medical care" to include therein prescriptions or prescription services. It would appear that at the present time the Government does not propose that the Medical Care Legislation should include prescriptions, but nevertheless, in the various submissions that will be received by the Commissioners from time to time during the course of their enquiry it may be proposed by others that medical care should be redefined and expanded to include prescriptions and prescription services.

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Brief No. 27 CHRISTIAN SCIENCE COMMITTEE

- 1. We, therefore, request on behalf of all residents of the province of Ontario who are members or adherents of a Christian Science church, that their individual right as Canadian citizens to rely upon prayer and spiritual means alone for the prevention and healing of human ailments, be respected and preserved in conformity with the democratic ideals long established by our Constitution. Christian Scientists feel that their method of healing sickness by prayer, which is an inseparable part of their religion, is a constitutional right which should be respected and protected by our laws.
- 2. We request exemption, if possible, from all compulsory participation in any government-sponsored health plan which provides only medical benefits. If exemption is found to be impossible, or impracticable, perhaps a plan embodying cash option or some form of recognition of our method of healing can be authorized. We believe that, should a program underwritten by private insurance companies be adopted, a Christian Scientist should be entitled to receive payment for Christian Science treatment by a Christian Science practitioner, and for Christian

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Science nursing care and subsistence in a Christian Science sanatorium, nursing home, or in his own home, while under Christian Science treatment. However, we do not favor seeking payment for the services of a Christian Science practitioner in any program which is administered entirely by the government, since we would not want to have our practitioners placed under government regulation, supervision, or control. Under such a government-administered and supported program, we would seek payment only for Christian Science nursing care and subsistence in a Christian Science sanatorium, nursing home, or in the individual's own home, while under Christian Science treatment.

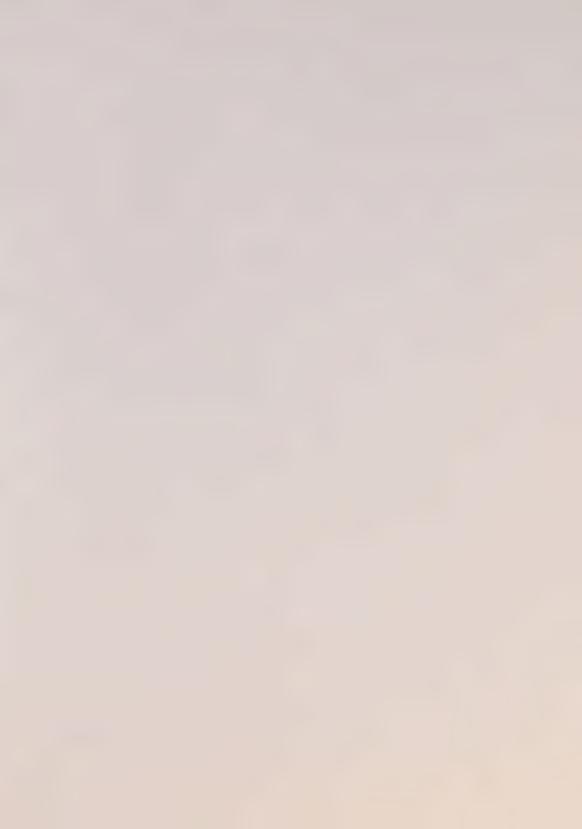
3. Therefore, we respectfully request that in any health insurance legislation the term "other remedial care" be included in addition to authorized medical care.

In using the term "other remedial care" it would need to be understood that it is designed to include nursing care for those relying on Christian Science care and treatment. It would also be expected that subsistence allowance, where it is made available to those depending upon medical care, would also be made available to those relying upon "other remedial care."

- 4. We strongly feel that all persons entitled to benefits from any government-sponsored health insurance program which may be adopted should be free to employ the practitioner or mode of treatment of their choice.
- 5. The Christian Scientists of Ontario respectfully request that the term "other remedial care" and the following general provision be included in any health insurance legislation:

"Nothing in this Act shall be construed to require any person eligible for benefits hereunder who relies on or is treated by prayer or spiritual means alone by a duly accredited practitioner of a well recognized church or denomination in accordance with the tenets and practice of such church or denomination to undergo any medical or surgical treatment. Such person shall receive benefits as fully as if medical or surgical treatment were employed."





Brief No. 28

DR. J. W. McGILLIVRAY

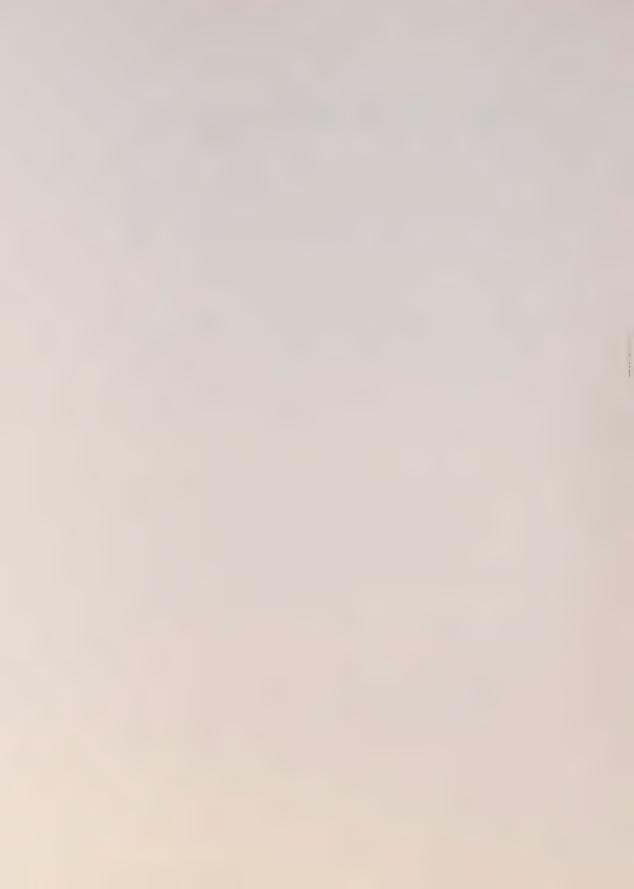
- 1. Adequate medical insurance be made available, if it is not already so, for every resident of Ontario to buy who has adequate money with which to do so, and that the exact meaning of "adequate" be honestly defined by the government.

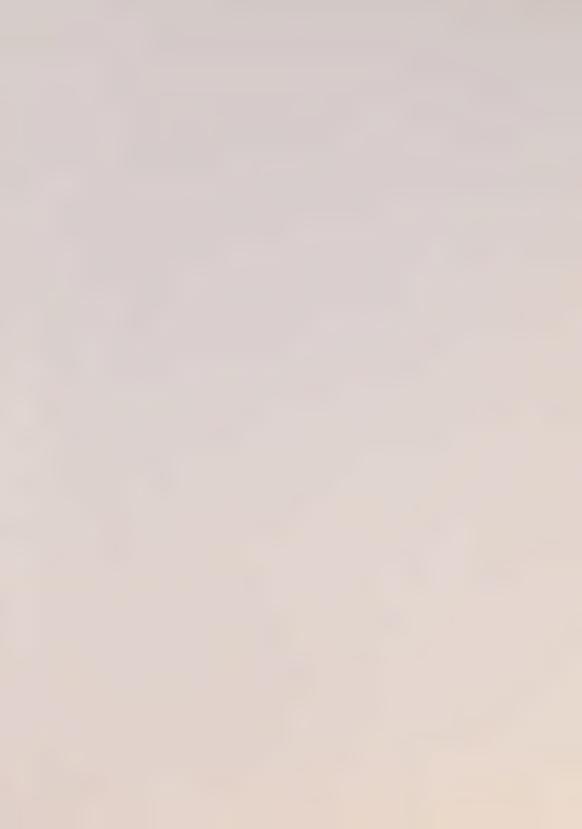
 This could involve government approval of some or many of the existing plans or their modifications.
- The honest premium for adequate insurance for the partially and completely subsidized groups be openly determined without any hidden subsidy to any insurance company.
- 3. The citizen, deemed needy of help in providing himself with adequate medical insurance be sent a cheque for the necessary money together with advice and information and an application form as outlined in appendix A. This need not be more complicated than the modern magazine subscription.

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- 4. The government determines the groups to be entitled to assistance and the amount of that assistance from time to time.
- 5. The government recognize that the individual recipient of Social Justice financial redistribution payments is also a free citizen and ought not to be compelled to spend his money as directed by any government since any government is at least as narrow, willful and foolish as the citizens under its yoke.





Brief No. 29

ST. ELIZABETH VISITING NURSES' ASSOCIATION OF ONTARIO

- 1. There is an increasing number of older citizens, many of whom may be cared for at home and would prefer to remain home for certain illnesses.
- 2. It is important to these citizens that they be allowed to remain in their own home and that the cost of nursing service, when prescribed by a physician, be included in a medical insurance plan.
- 3. In many cases the older person improves more rapidly in his own home, provided adequate care is available through a Visiting Nurse program. However, payment for this care is often an added financial burden beyond the families' economic abilities.
- 4. It has been the experience of this Agency that certain Medical Insurance Plans will pay for service only if there has been a period of hospitalization.

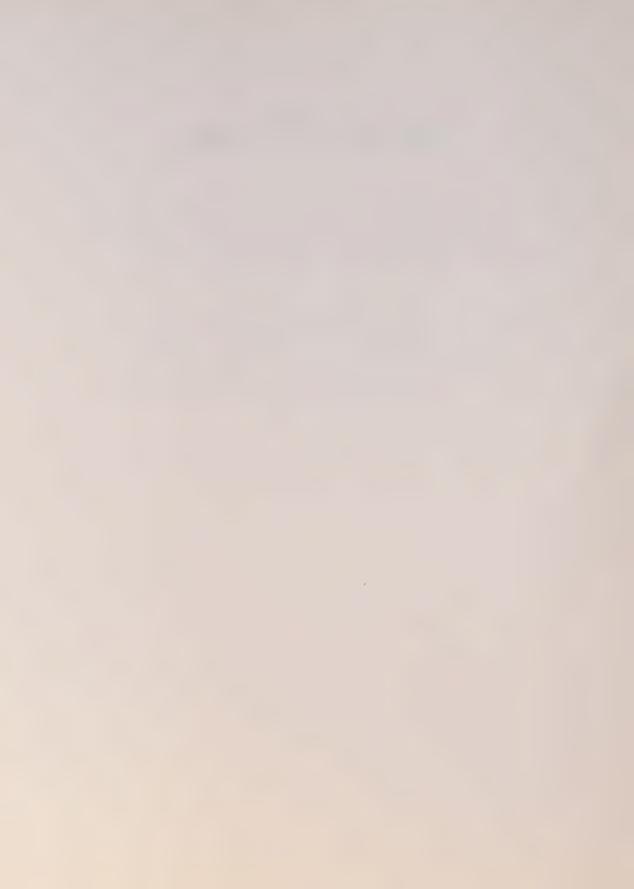
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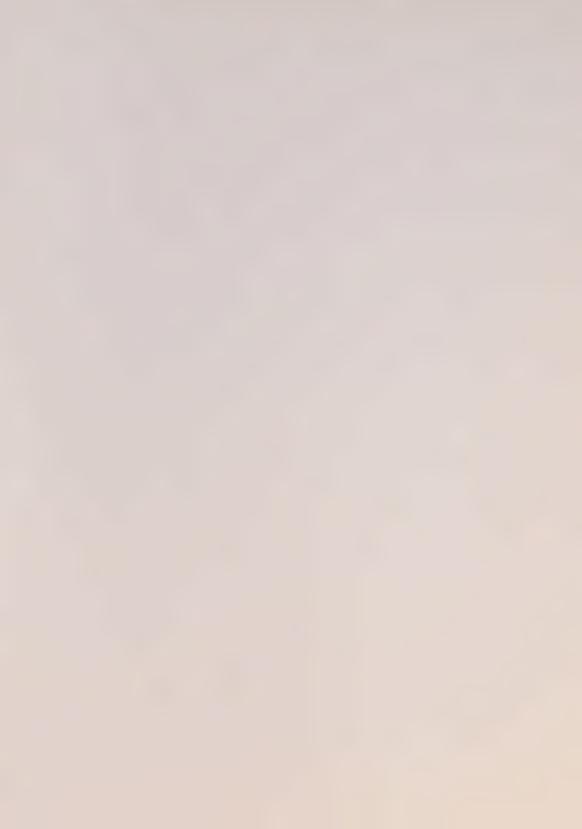
- 5. Great emphasis is being placed on early discharge from hospital. Many of these post-hospital patients would benefit by care from a visiting nurse but patients are unable to plan for this additional medical expense, unless it is part of an overall medical insurance plan.
- 6. Having regard to the expanding population of this

 Province and the continuing heavy demand on hospital
 accommodation, the comprehensive care of the patient
 should make full use of all auxilliary services including
 the use of the visiting nurses.
- 7. In the latter instance, there seems to be some need to educate the public to the fact that public health nursing services are both socially and medically acceptable to persons of all income levels.
- 8. Continued interpretation to members of the community including doctors, would lead to a better understanding of the values of the visiting nurse program.

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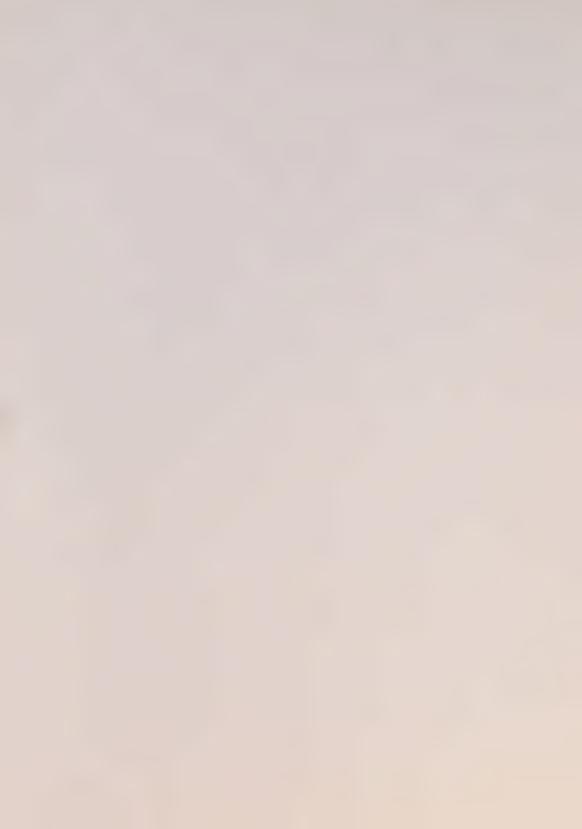


Brief No. 30 A. WYATT, P.ENG., NIAGARA FALLS, ONTARIO

- 1. In any health insurance scheme it is essential that the subscriber have access to free and independent arbitration.
- 2. A comprehensive government sponsored health scheme, free of private interests, is essential to achieve this aim.
 This is not socialism merely plain humanity.

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Brief No. 31 CANADIAN HEALTH INSURANCE ASSOCIATION

- 1. The Association is very well aware that some segments of the population are not in a financial position to pay even a most reasonable premium for voluntary medical insurance. Such persons, it feels, will continue to require financial assistance from the governments or others; it believes, however, that it is unrealistic and unnec ssary to institute overall, compulsory, governments sponsored plans applicable to the entire population just to care for this relatively limited group.
- 2. The Association maintains that voluntary plans of this type protect the free choice of doctor by the patient and vice versa, and do not in any way interfere with their relationship with one another.
- 3. Achievement of the objectives of Bill 163 requires the continuous cooperative efforts of the government, the medical profession and the carriers. In our opinion an appropriate organizational structure should be established to provide for this. We accordingly recommend that suitable provisions be included in the legislation to establish the necessary organizational structure providing representation, where appropriate, from government, the profession and the carriers. Included in this structure should be a policy-making body to be called the COORDINATING DIRECTORATE; a technical agency to be known as MEDICAL CARRIERS INCORPORATED which is already in part envisaged by the provisions of the Bill; and a suitable committee to be known as the REVIEW COMMITTEE to

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handle problems between the profession and carriers (see Section A).

4. Because of the possible financial hazards involved by reason of the obligation imposed by the legislation to provide standard coverage for high-cost risks at premiums which may not exceed stipulated maximums, and in order to guarantee that carriers will participate vigorously in the promotion of the program, we believe it is essential to set up a pooling arrangement through a central risk-sharing agency. This we regard as the chief purpose of Medical Carriers Incorporated. We therefore recommend the inclusion of appropriate provisions in the legislation to provide for this pooling arrangement and the machinery to administer it. We further recommend that the following maximum premiums be included in the Bill in place of the symbols presently shown:

	Standard Medical Services Insurance Contract	Standard Medical Servic s Co- Insurance Contract
Individual	\$6.25	\$4.00
Family of Two	\$12,50	\$8.00
Family of Three or More	\$16.00	\$11.00

It should be emphasized that these suggested figures are maximums beyond which no carrier may charge, and they must not be taken to represent the premium charge which will be made to everyone for this coverage. Many contracts will undoubtedly be issued at premiums less than the maximum, reflecting the competition among the carriers—all being free to charge whatever premiums may seem to them appropriate to the risk, so long as the premium charged

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does not exceed the maximum. (See Section B)

- 5. While we believe that the standard medical services insurance contract with benefits as outlined in Schedule A fulfills the objectives of government, we have some reservations about the suitability of the in-hospital contract in view of the serious problems it poses in doctor-patient relationships, in public relations with patients, in hospital utilization and bed availability, and in administration. We therefore recommend that the standard in-hospital medical services insurance contract be replaced by a standard medical services co-insurance contract providing the same benefits as the standard medical services insurance contract as outlined in Schedule A but with a co-insurance and deductible arrangement (see Section C).
- 6. Section 3 (a) of the Bill authorizes the Minister to pay the full cost of coverage to those in needy circumstances and in receipt of assistance under one of more of the Acts listed in Schedule C. We understand these people are presently handled under the Ontario Medical Welfare Plan which has been functioning effectively for a number of years, and accordingly it would seem to us advantageous for the time being not to disturb this machinery. However, if the government desires and the medical profession concurs, consideration might be given to providing benefits identical to those of the standard medical

services insurance contract which are higher than present benefits under the Medical Welfare Plan. We think any such arrangement should be kept out of the program under Bill 163 and quite separate from Medical Carriers Incorporated and outside any pooling arrangement. (See Section D)

- 7. Section 3 (b) of the Bill authorizes the Minister to provide partial assistance to people in needy circumstances not in receipt of assistance under any of the Acts in Schedule C although the group is not further delineated. Our consideration of all sides of this question has resulted in the following suggestions:
 - --that income testing be the basis of identifying those to be subsidized;
 - -- that persons whose incomes are less than 100% of the personal exemptions as set out in the Income Tax Act be eligible for subsidy;
 - -- that there be only one level of subsidy for this group;
 - -- that the subsidy take the form of a fixed dollar amount applied towards the premium.

We have outlined a method of subsidy administration which is relatively simple and which makes use of existing machinery.

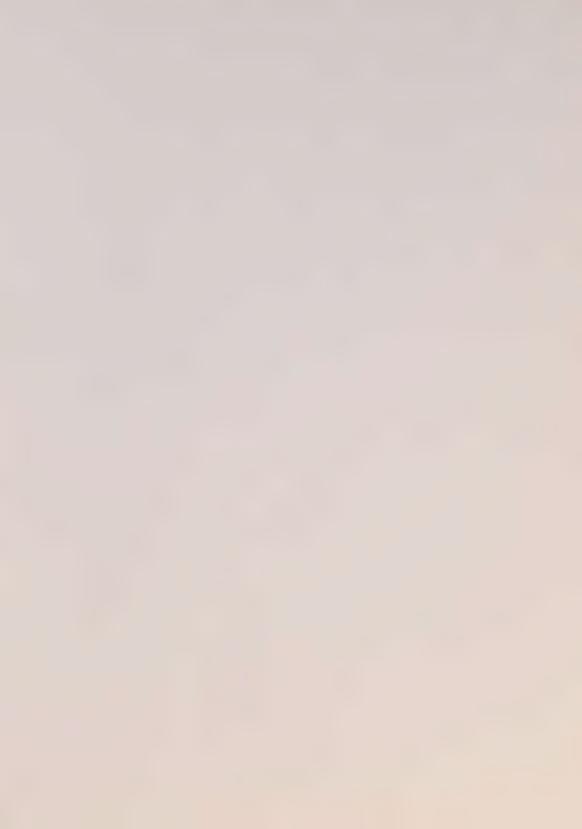
(See Section D)

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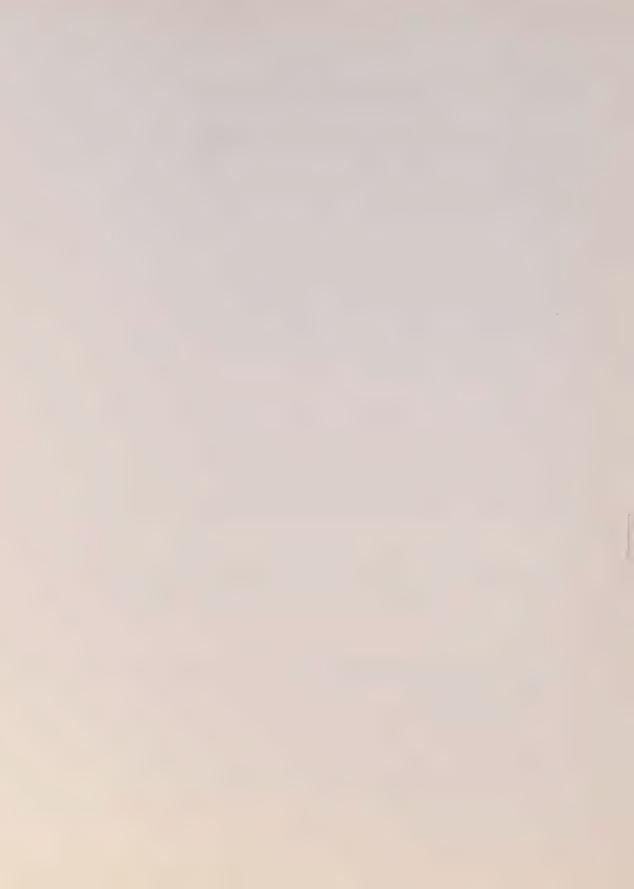


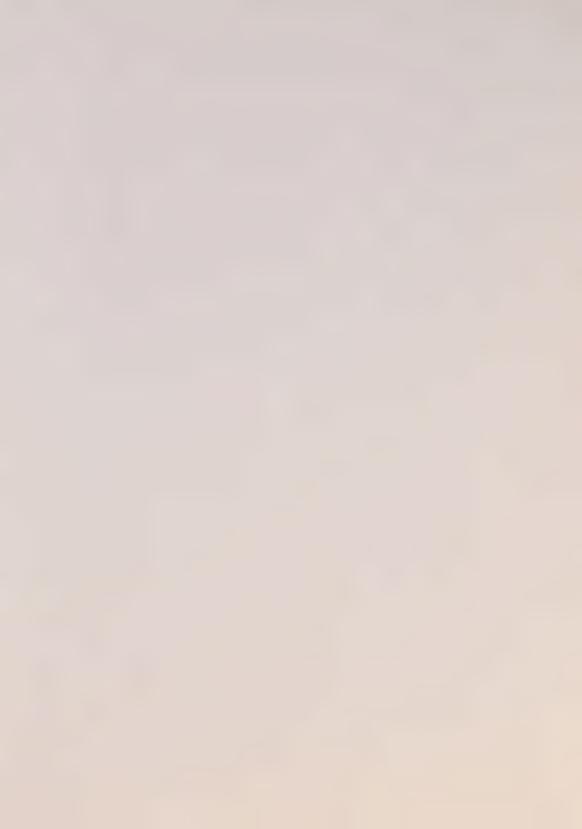
Brief No. 32 ONTARIO FARMERS' UNION LOCAL 220 TIMMINS

- We feel that it should be a public service, that it should not be operated by or connected with any private insurance plan.
- We feel that the plan must be so constituted as to give the widest possible coverage to all people regardless of income or ability to pay. And that the plan must be financed in such a way that it will be within reach of all people and that provision must be made to include indigents and all others who for any reason might not be able to pay premiums.
- 3. We feel that the plan must include prevention, diagnosis, full medical, surgical and dental facilities, specialists when necessary, nurses and special treatment, complete services for rehabilitation, drugs, pregnancy and confinement, X-rays and blood tests for in or out patients, non compensible accidents, optical services. Glasses must also be covered by the plan. All other devices concerned with physical well-being, such as hearing aids and aids to correction of deformities, and recovery from illness or accident must be included. Also included must be the fullest possible research facilities for probing into the nature of all diseases, and production of drugs.

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Brief No. 33 ONTARIO FEDERATION OF AGRICULTURE

- That the particular circumstances of long distances and scattered population of farm and rural communities be fully taken into account in the improvement of the organization of health services.
- 2. That the Federal Government adopt as a policy the implementation of a national compulsory medical care insurance program to be carried out in co-operation with the provinces.
- 3. That public medical insurance be implemented on a basis that is contributory to a reasonable degree, rather—than fully supported from general revenue, but that the basis of contributions be such that no unreasonable burden is imposed on any family or persons.
- 4. That in any insurance plan the principle of the right of the patient to choose his own doctor be retained.
- 5. That in any health insurance plan which may be implemented, the terms and conditions of such plans be so designed as to permit the development, wherever consumers wish to take action, of cooperative joint provision of medical services such as group practice, co-operatively owned and operated clinics, and like endeavours.

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- 6. That the Commission give particular attention to, and recommend ways of achieving, the co-ordinated planning of all services and conditions related to health - preventative, curative, nutritional and social - so that as far as possible the physical and mental health of the people shall be preserved, protected and improved on all fronts.
- 7. That the principle be accepted, and means of implementing it be recommended, that the provision of psychiatric services should be essentially provided by means of public services, rather than through private practice.
- 8. The Government's role should be to provide assistance to those financially unable to purchase their own medical insurance needs. Such needs, we believe, should be provided for through the medium of existing insurance agencies.
- 9. Moreover, no single insurance carrier, as a result of government policy should enjoy a preferred position over any other in the field, especially with respect to the settling of accounts.
- 10. It is obvious, perhaps, that a government plan should include provisions for the establishment of minimum standards of insurance coverage as an interim stop between partial and total

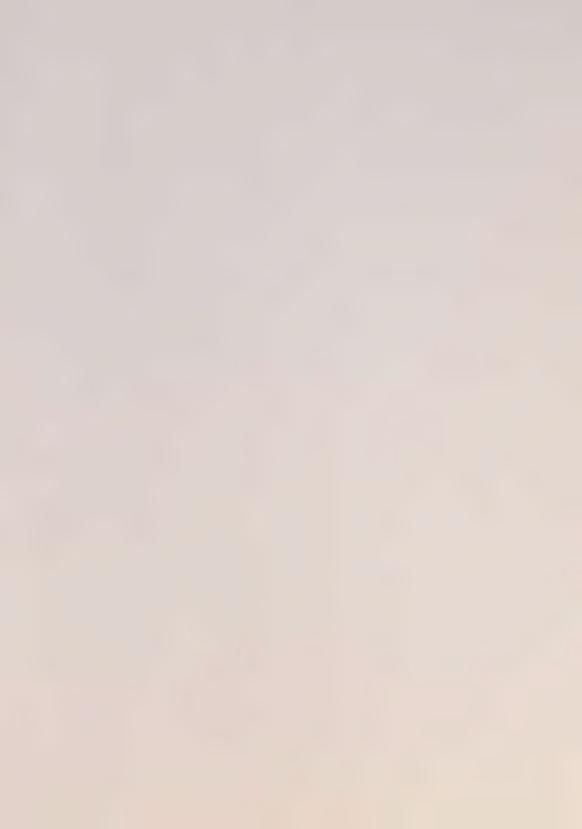
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health insurance protection, As soon as possible these minimum standards eventually should cover all aspects of physical and mental health care so as to preserve fully the financial integrity of all Ontario citizens. Specifically, we would mention such items as prosthesis, physiotherapy and rehabilitation.

11. We believe, like the Co-operative, that the advantages offered by the formation of a supervisory boar to take precedence over the Department of Insurance are of doubtful value. We submit that the powers to be vested in Medical Carriers Incorporated need to be specified more clearly before a proper judgement can be made.

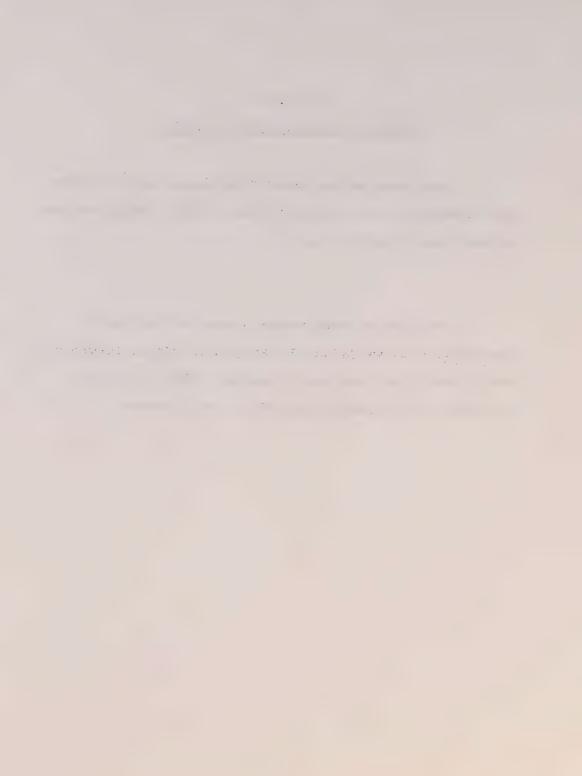


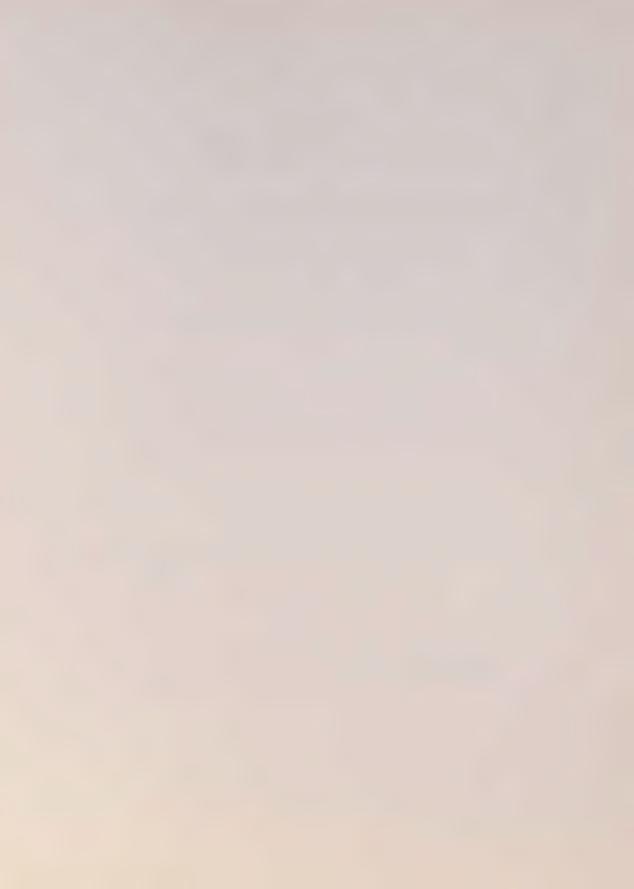


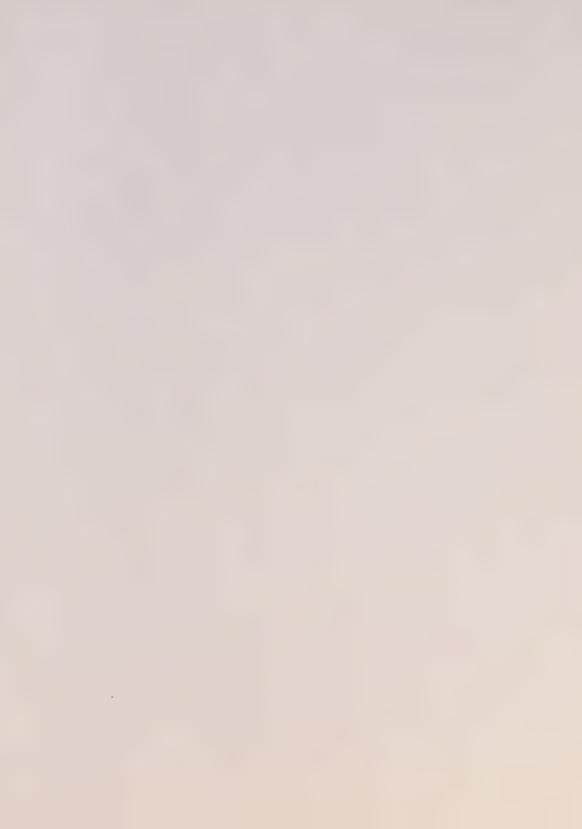
ZIFKIN BIOLOGICAL LABORATORY LIMITED

Any future medical program by government agencies should take advantage of existing facilities by recognizing fully qualified private clinical laboratories.

While not opposing medical clinical labs operated by government, it is our feeling that the private Clinical Laboratories should share in the development of medical service and become -- in essence -- an effective arm of the government service.



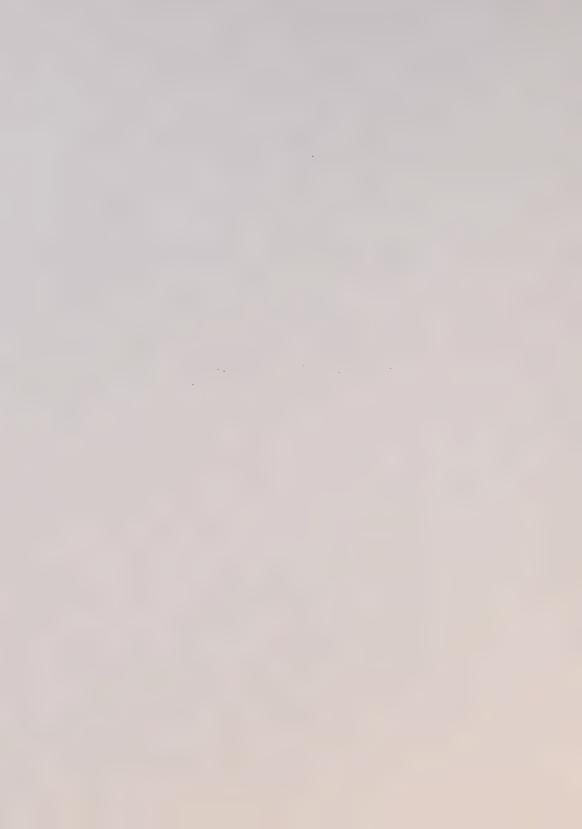


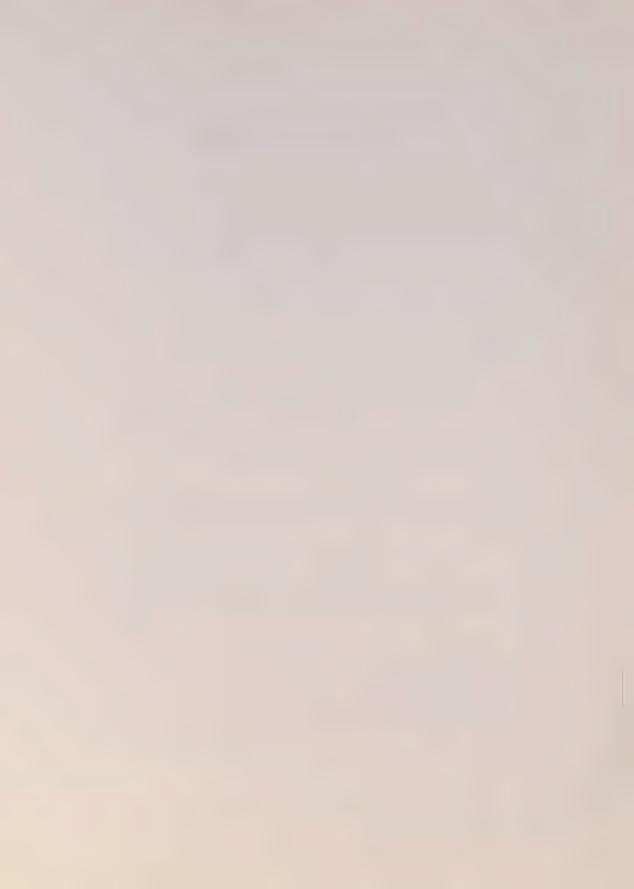


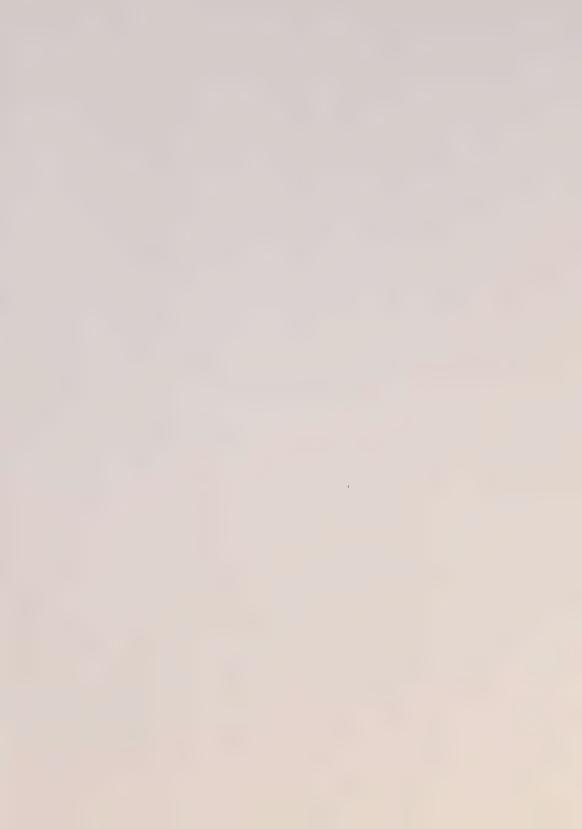
KENT COUNTY MEDICAL SOCIETY

- That legislation should avoid interference with the traditional doctor-patient relationship.
- 2. That coverage be on the service type of plan.
- 3. That financial gain should not be a motivating factor for the carriers in the provision of medical care insurance.
- 4. That coverage be comprehensive and Schedule "B" be deleted.
- That the totally subsidized should be covered by an extended Medical Welfare Plan.
- 6. That the premium subsidy for the partially subsidized should be paid to the carrier of his choice by government.

- 7. That the premium should be community rated rather than experience rated.
- 8. That there should be a three rate premium structure.
- 9. That pooling be done on an actual cost by experience basis rather than on a class risk basis.



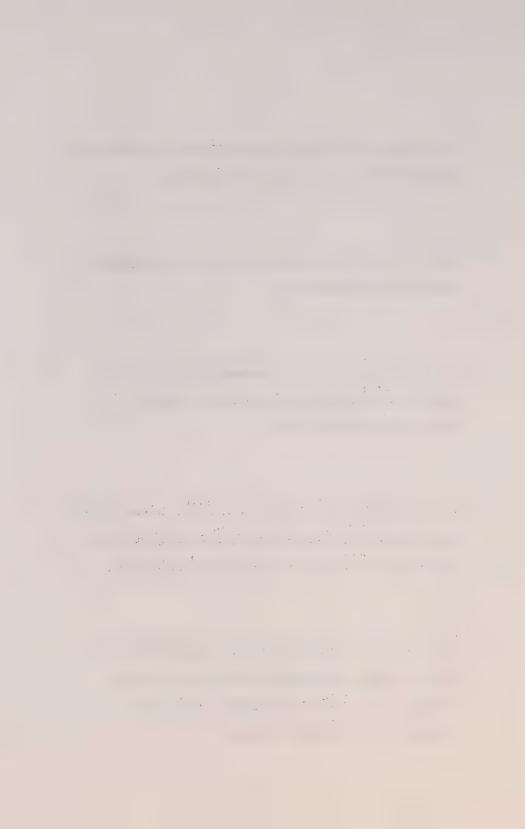




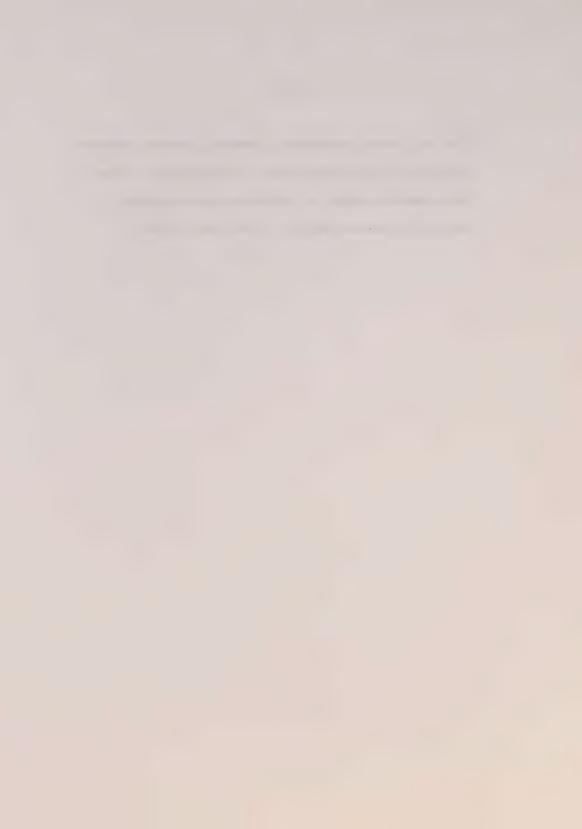
WINDSOR MEDICAL SERVICES, INC.

- That this Act indicate that it is the right of the individual to choose his physician and the right of the physician to select his patients.
- 2. That a comprehensive medical services insurance contract, indicated in this Act as Schedule A, be the only compulsory contract included in this Act and that, therefore, Schedule B be deleted.
- 3. That pooling be mandatory with provision for opting out.
- 4. That Medical Carriers Incorporated be a technical body only.
- 5. That a Co-ordinating Directorate be set up in this Act to formulate and administer policy.
- 6. That tax dollars be used to pay the premiums, in whole or in part, according to need, for those persons in the indigent group and the marginal income group.

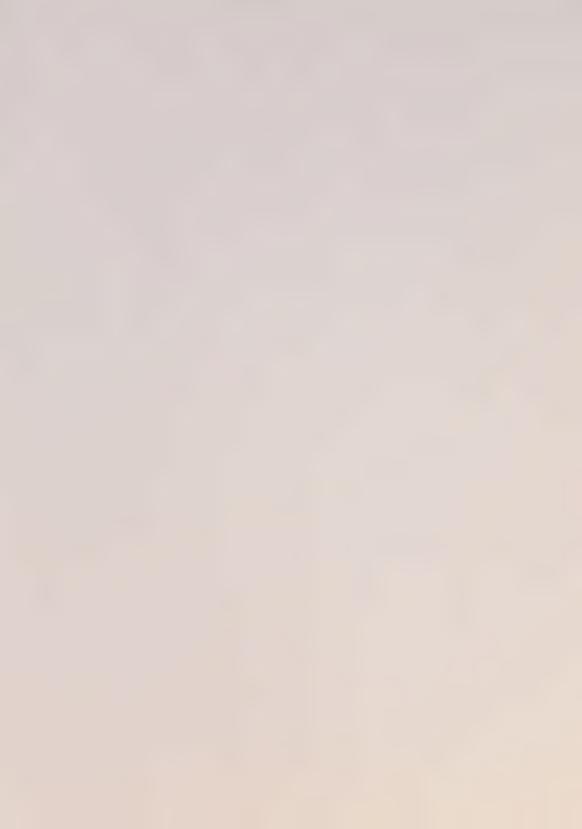
- 7. That coverage for those persons outlined in Schedule C be provided through the Medical Welfare Plan.
- 8. That coverage for the marginal income group be provided through multiple carriers.
- 9. That persons covered under recommendations 6 and 7 be provided with the benefits outlined in Schedule A on a first dollar coverage basis.
- 10. That the monthly subsidy for the marginal income group be \$3.00 single, \$6.00 married and \$7.50 family but in no case shall the subsidy be greater than the premium.
- 11. That a carrier be required to accept applications for enrollment from those persons only who are without coverage at the initial enrollment period or any subsequent open enrollment period.



12. That any person, terminating a medical services insurance contract for any reason except fraud or failure to pay the premium required, be granted a standard medical services insurance contract by the same carrier.







ASSOCIATED MEDICAL SERVICES INCORPORATED

- law as it now stands, will destroy the basis on which the Prepayment Plans operate and cause a reversion to the pre-1937 days in which those who carried "Health and Accident" insurance were eliminated from coverage if they developed "high cost" conditions, or reached the age of 65.

 Conditions such as poliomyelitis, multiple sclerosis, etc., were excluded entirely. These inequities have been largely eliminated since the Prepayment Plans came into existence in 1937.
- 2. THAT the threat of destruction of the prepaid concept will be eliminated if sections 5 and 6 of Bill 163 are altered so that each carrier MUST accept responsibility on the standard plan for any and all residents who may be terminated for any reason from any of that carrier's plans, so that they will be covered not only during the "healthy" and "profitable" period of life but all the way to the grave. This has been done by the Prepaid Plans for up to 25 years.

- 3. We have included in the body of our brief, the simple amendments which will accomplish this end, without in any way increasing the basic demands on any carrier. It will, however, prevent unfair "dumping" of liability from one carrier to others, as will be possible, and indeed probable, under Bill 163 as it now stands.
- 4. Under the arrangements we suggest above, it will only be necessary to establish "pooling" for those who at the effective date of the Act have not availed themselves of the privileges which have existed for 20 to 25 years. This "pool" will be a decreasing entity and the need for it will eventually disappear since it will no longer (under the arrangements suggested above) be fed from the bottom by the "high cost" cast-offs once the possibilities of a profit has been materially reduced, either through chronic illness or advancing years. Under the circumstances we suggest, AMS is prepared to share in pooling any losses experienced on this limited group. It is essential that a limit be placed on the time permitted these people to join. Otherwise, the "chisellers" will be able to remain out indefinitely until they have knowledge of a "high cost" condition being present, and then come in and consume the reserves built up by the prudent over the years and to which the "chiseller" has not contributed.

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- 5. AMS is of the opinion that Bill 163 is so late in its appearance and so inadequate in its concept that long before it will be possible to have the legislation set up and operating satisfactorily, every resident in Ontario will have had the opportunity to enroll, irrespective of age or health. The Prepaid Plans have been gradually doing this programme one way or another for several years now.
- 6. AMS has considerable reservations that it will be possible to persuade the balance of the population to "voluntarily" sign up, irrespective of the terms offered. Those not now covered have decided (mainly for selfish or personal reasons) that they do not want coverage and Bill 163 offers no additional inducements.
- 7. A careful study of Bill 163 leads us to the conclusion that it misses the real point of difficulty in the whole situation, viz. it concerns itself only with how to pay for costs but neglects all the factors contributing to costs. Indeed, it will probably become one of the leading contributors to increasing costs. Control of costs of medical care is of equal or greater importance than how to meet them. In

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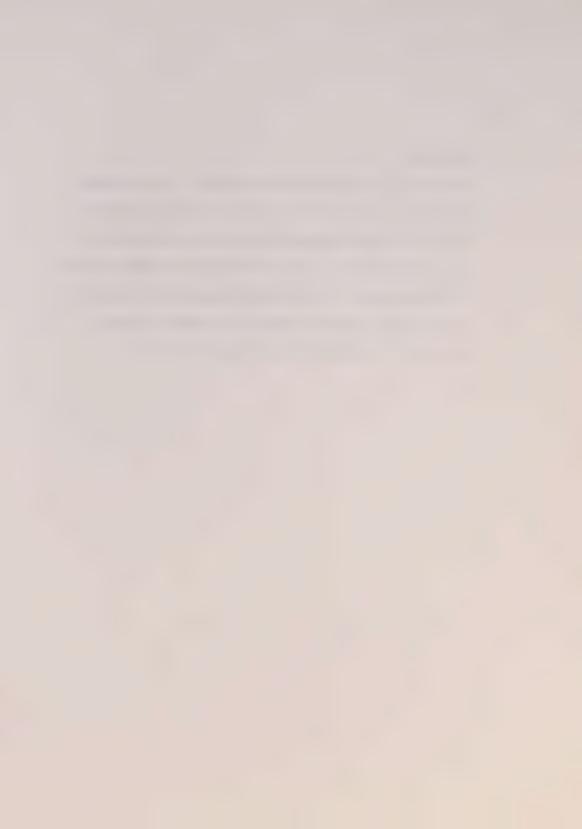
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7. (Cont'd.)

our opinion, these two factors will not be co-ordinated until it is recognized that this is the primary responsibility of organized medicine, and can and will only be brought about when it affects the personal finances of each individual doctor. That body will continue to dodge its responsibility until it is forced to accept them as is done under the Medical Welfare Plan in Ontario.







ONTARIO MINING ASSOCIATION

- With the reservation set out below, the Association is pleased to take this opportunity to endorse the principle of medical services insurances coverage as contained in Bill 163.
 - We particularly commend the Government for its private enterprise approach in this matter as opposed to a plan of compulsory socialized medicine.
- 2. If Bill 163 is passed in its present form, the Porcupine

 Plan would have to be wound up and the Association dissolved

 unless the basic structure of the Plan is altered, i.e.

 thrown open to all applicants. If it is attempted to

 operate within the provisions of Bill 163, it would have

 to qualify as a "carrier" with all the limitations this would

 impose including membership in "Medical Carriers Incorporated"

 and the attendant increase in administration costs. Member
 ship in the Plan would have to be thrown open to all who

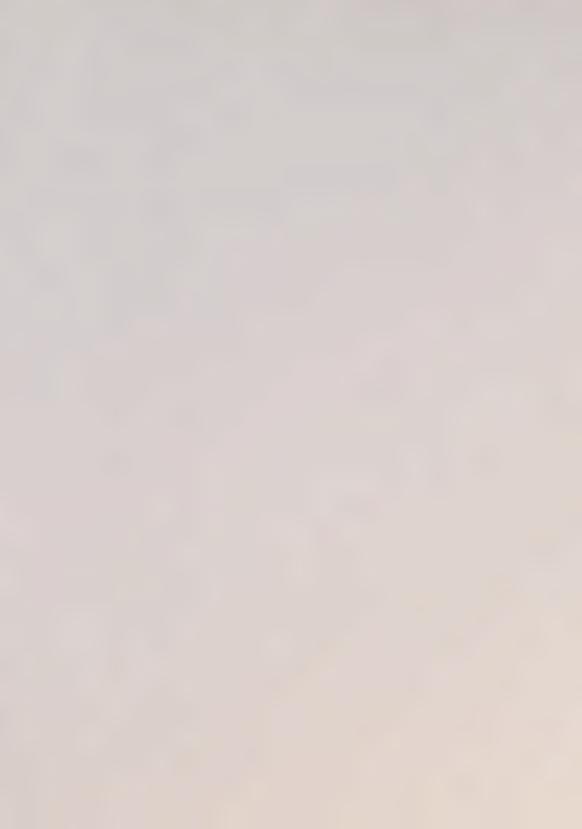
 apply, thus destroying the mutuality of interest which now

 exists amongst employees, doctors, and mining companies.

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- 3. Admittedly, the circumstances which are favourable to the establishment and maintenance of a self-insured and selfadministered medical services plan do not exist in a large metropolitan area to the same extent as they do in a relatively small and somewhat isolated mining community. We also recognize that in our democratic society the interests of all must be considered and the overall good weighed.
- benefits, premiums, etc. We appreciate that these safeguards are required for the residents of Ontario who desire pre-paid medical services coverage. If the Porcupine Plan is able, with or without modifications, to satisfy the Superintendent of Insurance for Ontario that it meets these specifications, it would seem to us that the intent behind Bill 163 (".... to make it possible for all residents of Ontario to obtain protection against the cost of medical and surgical care and services.") would be satisfied and we respectfully submit that this Commission so recommend to the Government.



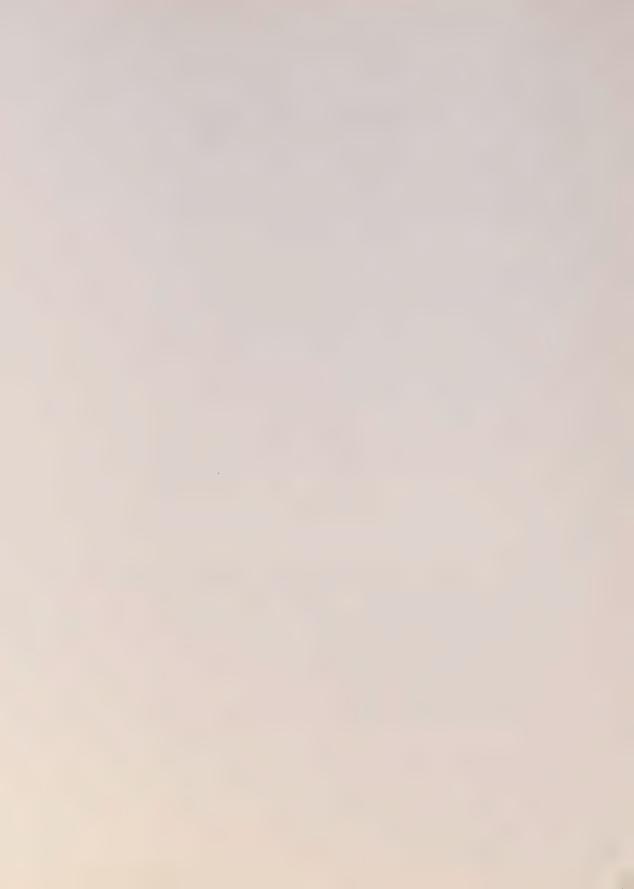


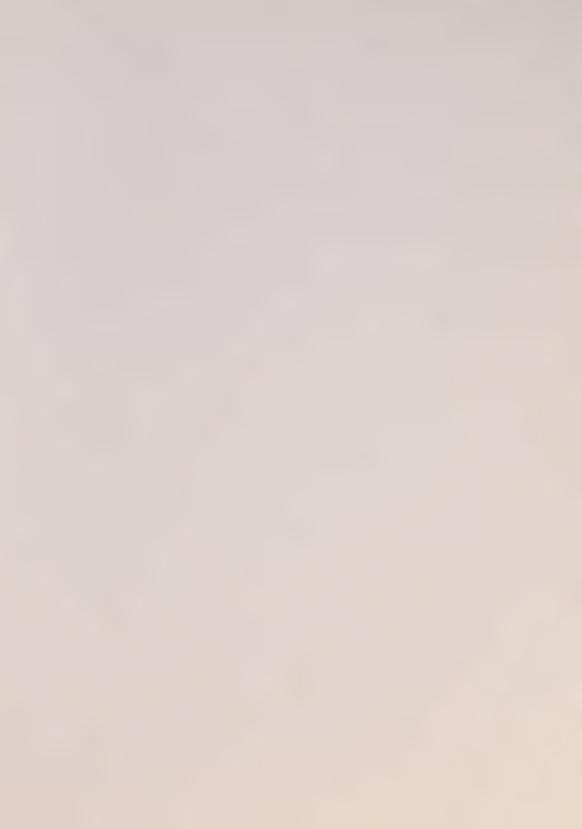
ONTARIO CHAMBER OF COMMERCE

The Ontario Chamber believes in an economic system based on private initiative and individual enterprise. It also recognizes the need for appropriate participation in the promotion of public health by all levels of Government; and recommends that such participation be directed toward assisting those persons who are unable to provide for their medical expenses.

The type of legislation proposed by Bill 163 is consistent with the basic attitude of the Ontario Chamber concerning governmental involvement in health services. The Ontario Chamber specifically urges the government to provide "...a favourable climate in which the existing prepaid medical care agencies may extend their services." And the Chamber suggests that as there will always exist a portion of the population who are unable to provide for their medical expenses the "Government provision of health services, in addition to those already provided, should be confined to this group."

For the reasons mentioned the Ontario Chamber of Commerce supports the concept of legislation as proposed by Bill 163.

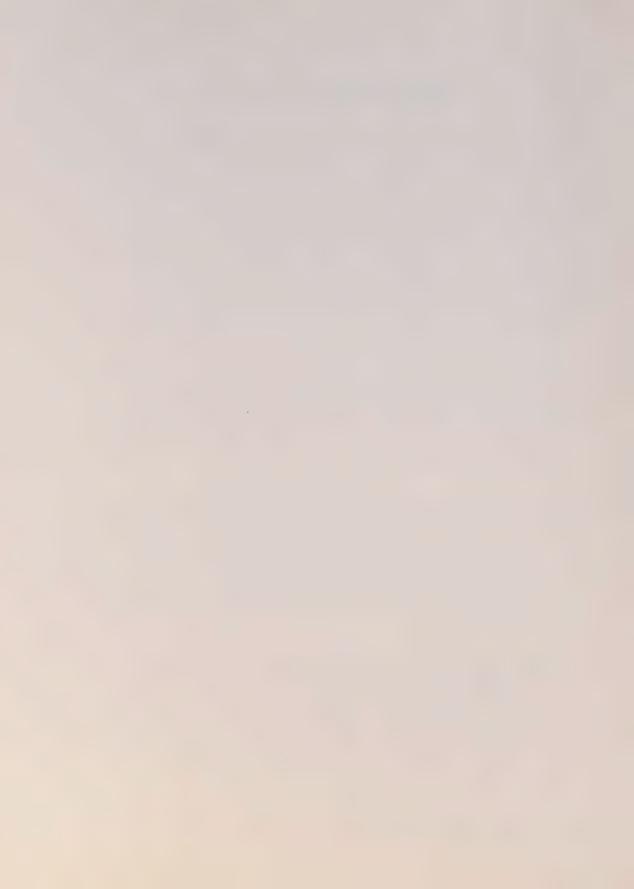


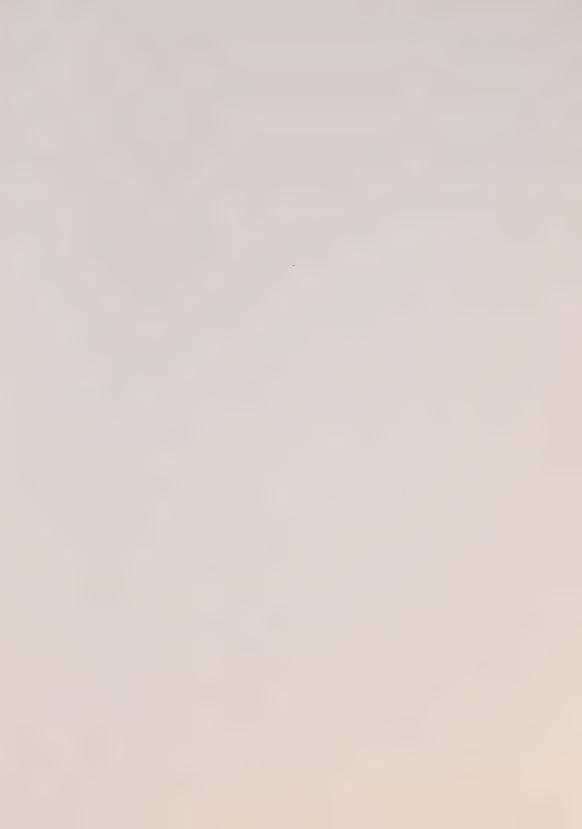


VINDSOR CHAMBER OF COMMERCE

- We are pleased to report that the Windsor Chamber of Commerce supports this proposed legislation in principle.
- 2. There should be no down-grading of the medical profession, through a monetary aqueeze, by reducing the Ontario Medical Association schedule of fees, or other means which would result in "assembly line" consultations by the doctors to compensate for any such reduction in income. The full professional status and doctor-patient relationship, as it now exists, must continue, or be improved.
- 3. Many employers, either voluntarily, or through bargaining agreements, pay a portion or all of the cost of medical and hospital insurance for their employees with the result that this expense is tax free for income tax purposes. However, there exists a problem in the case of the self-employed and employees who pay the full premiums.

To place all on a more equitable basis, there should be concluded some form of agreement with the Federal Government to allow, as a deduction from gross income, for income tax purposes, the premium, or portion of the premium, paid by an individual.





THE COLLEGE OF OFTOMETRISTS OF ONTARIO

- 1. However the Board would point out that Bill 163 has been referred to as "An Act respecting Medical Services Insurance". This title is a misnomer. "Medical Services" as outlined in Bill 163 include a variety of services which may be provided by practitioners other than physicians. There are many services provided for in the Bill which are performed regularly by other duly qualified and licensed practitioners.
- 2. It is obvious that the services covered by Bill 163 are not exclusively 'medical' services but rather health services some of which are provided routinely by professions other than medicine.
- 3. In fact, it would be impossible to limit the provisions of Bill 163 to those services which are normally provided exclusively by physicians without seriously circumscribing the extent of the benefits and thus defeating the intent of the legislation.
- 4. On the other hand, if such services are included but available only from physicians, the rights of other duly qualified practitioners and the right of the public to free choice of practitioner would be unconscionably violated.
- 5. The conclusion is inescapable that Bill 163 provides health

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care benefits and as such requires the participation and cooperation of health care professions.

- 6. For these reasons the College recommends that the professions within the health care field should participate, consider and aid in the development of this precedent setting legislation. This would ensure the understanding, cooperation and goodwill that is necessary to maintain and enhance health services which the people of Ontario require for their social, economic and health needs.
- 7. Bill 163 makes provision for many people in the Province who for varied reasons cannot avail themselves of present prepaid programs
 -- Bill 163, Sections 2, 3 and 4.
- 8. It is for these reasons the importance of vision to the individual's well-being, the prevalence of vision anomalies in the population, the established pattern of its inclusion in existing prepaid programs in Ontario, and the almost total lack of provision of vision care for the indigent and low income population that the College endorses the decision whereby vision care is included in Bill 163.

- 9. Because of numbers, distribution and training, it is evident that vision care services provided for by this Bill or by any prepaid health insurance plan can only be accomplished by the inclusion of optometrists.
- 10. Bill 163 has enunciated the principle of freedom of choice by ensuring that the public shall have the choice of carrier from a multiplicity of carriers. It has also ensured complete freedom of choice of medical practitioner. It would therefore be a complete negation of the spirit and intent of this legislation if it did not also provide complete freedom of choice of legally and academically qualified professions.
- 11. Considerations of cost provide no barrier. As the 'refraction benefit' has already been included, the costs, actuarily based on the incidence of vision problems in the general population and the rate of utilization of these services, are already contained in the estimates. No additional cost, therefore, would be incurred by making available to the public the freedom of choice of practitioners legally qualified and licensed to perform the services already provided for by the Bill.

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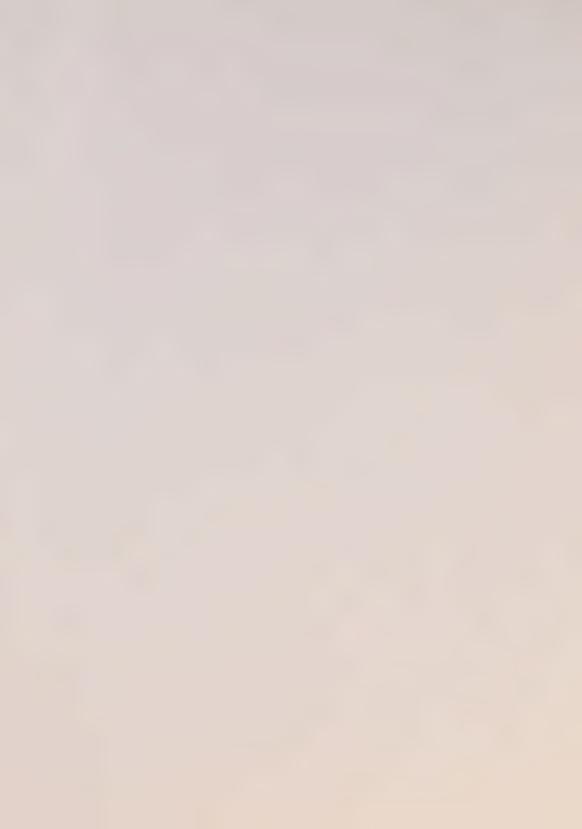
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- 11. The College would like to reiterate that it endorses, as a minimum requirement, the existing inclusion of a 'refraction benefit' in a "standard 'medical' services insurance" contract.
- 12. To provide for the vision care services in Bill 163 it is essential that the Bill be amended in such a manner that the public has free choice and availability of duly qualified and licensed practitioners in the Province of Ontario.
- 13. Further, the Government is respectfully urged to consult with The College of Optometrists prior to the re-introduction of Bill 163 or its successor in the Legislature of the Province of Ontario.

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ONTARIO HOSPITAL ASSOCIATION

The Ontario Hospital Association is of the opinion:

- That the implementation of Bill 163 should receive very careful study due to the possibility that funds necessary for existing health services may be affected adversely by the financial demands on government of an additional health programme at this time.
 (Para. 10)
- 2. That the inclusion of laboratory, radiological, and other diagnostic services now provided by hospitals as benefits under the Hospital Services Commission Act is sound and the Association supports their exception from Bill 163. (Para. 14)
- That hospital services provided to other than inpatients are an established function and will continue to be utilized by the public. (Para. 18)
- 4. That hospitals should be paid the costs of providing services to other than inpatients. (Para. 21)
- That organized outpatient departments, with the cooperation of medical staffs, may be established in hospitals other than teaching hospitals. (Para. 18)

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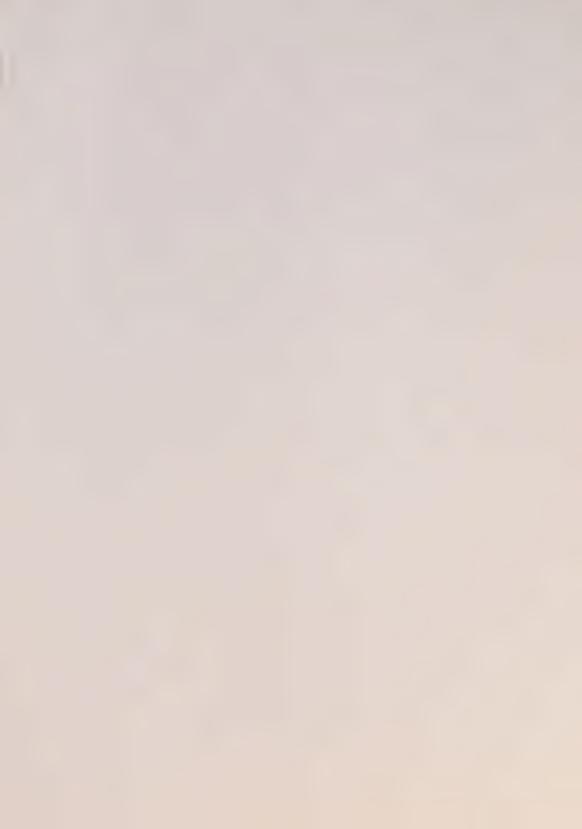
- 6. That traditional and proven hospital/physician relationships should continue to prevail, and that these arrangements be made at the individual hospital level. (Para. 20)
- 7. That the implementation of an educational programme designed to acquaint the public with the importance of patients voluntarily associating themselves with teaching programmes is a sound approach to meeting the continuing needs of medical education. (Para, 23)
- 8. That adequate medical services for patients in convalescent and chronic care hospitals is essential and that the reimbursement for such services be interpreted as a benefit under Bill 163. (Para. 24)
- 9. That the definition of "benefit" in section 1(a) of Bill 163 be clarified. (Para. 25)
- 10. That medical practitioners classified as intern and/or resident staff and receiving hospital stipends therefor should not have the right to bill, and collect from, patients and that "physician", as defined in section 1(1) of Bill 163, be rephrased to preclude such an interpretation. (Para. 26)

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11. That the implications for laboratories in general hospitals resulting from the exception in Schedule A of "services of government or commercial laboratories" should be carefully studied. (Para. 28)







Brief No. 43 CANADIAN REGION, IN ERNATIONAL UNION, UNITED UTOMOBILE, AEROSPACE AND AGRICULTURAL IMPLEMENT WORKERS OF AMERICA, UAW

- We recommend that the legislation be amended to encompass the whole range of services required for the prevention, diagnosis and treatment of illness as well as for the rehabilitation of those disabled.
- We recommend that the Act be amended to provide financial and organizational aid for the establishment of medical group practice facilities and personnel.
- 3. We recommend that the coverage be extended through a Government contribution of at least 50 per cent of the premium for each subscriber in addition to the full payment for those "in needy circumstances" and those qualifying by being recipients of benefits under an established list of welfare Acts.
- 4. There is ambiguity regarding the specific benefits provided under the Act. It is not clear whether full or partial payment to providers of care is contemplated. We strongly advocate that the service principle be embodied in the legislation.
- 5. The Act makes no provision for a public authority to assess claims nor for a public discussion or determination of medical fee changes. We recommend a Public Review Commission to review,

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assess and recommend any revision of fees and rates, as well as to review operations of the program and make recommendations for its improvement and more efficient and economic operation. Such a Commission should be representative of those providing care, as well as those receiving it, in addition to public representatives.

- 6. The Superintendent of Insurance should be given authority to determine the appropriateness of all subscription rates, not just the maximum subscription rates. He should have the authority to investigate all matters relevant to a proposed subscription change and have Authority to require specific modifications.
- 7. We recommend that not more than 50 per cent of the cost of the plan be raised through subscription payments. The remainder to be met from general revenue.
- We recommend that no subscription fee be required from persons who are laid-off, or retired.
- 9. We recommend that no interference be allowed with arrangements

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arrived at through collective bargaining, whereby the employer pays all or part of the premium cost for group insurance and medical care plans for his employees and their dependents.

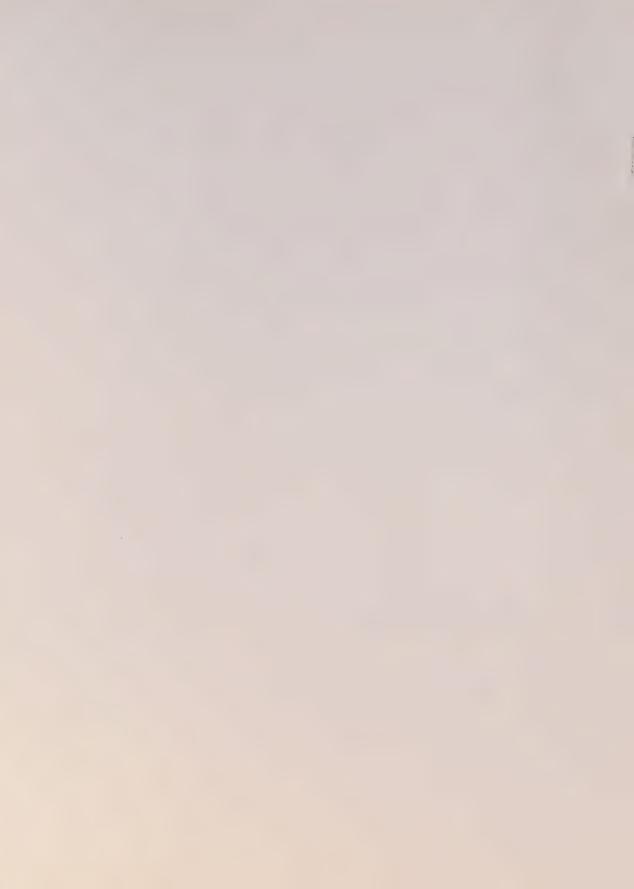
- 10. We are disappointed that so many essential features of the program, for example, maximum subscription rates and the definition of a person "in needy circumstances", have been left for regulation by the Lieutenant Governor in Council. These should be available for public discussion and consideration.
- 11. The Act should include an appeals procedure.

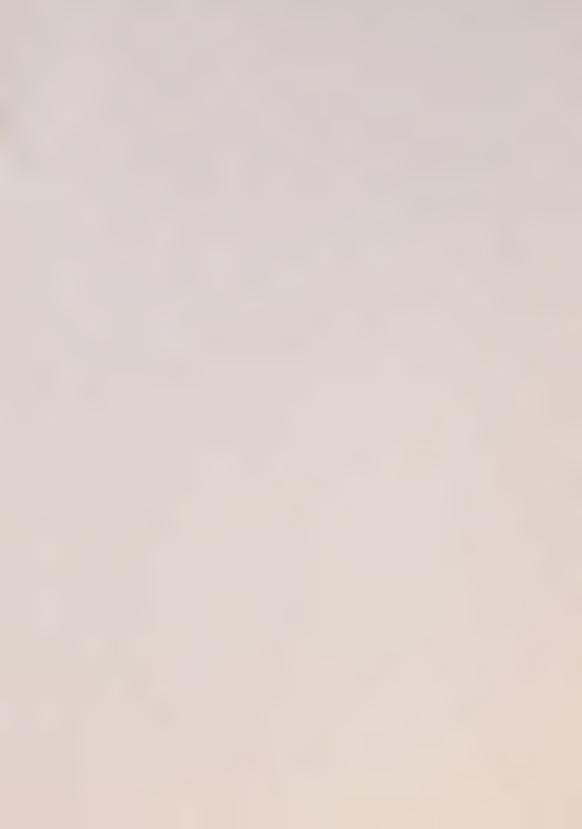
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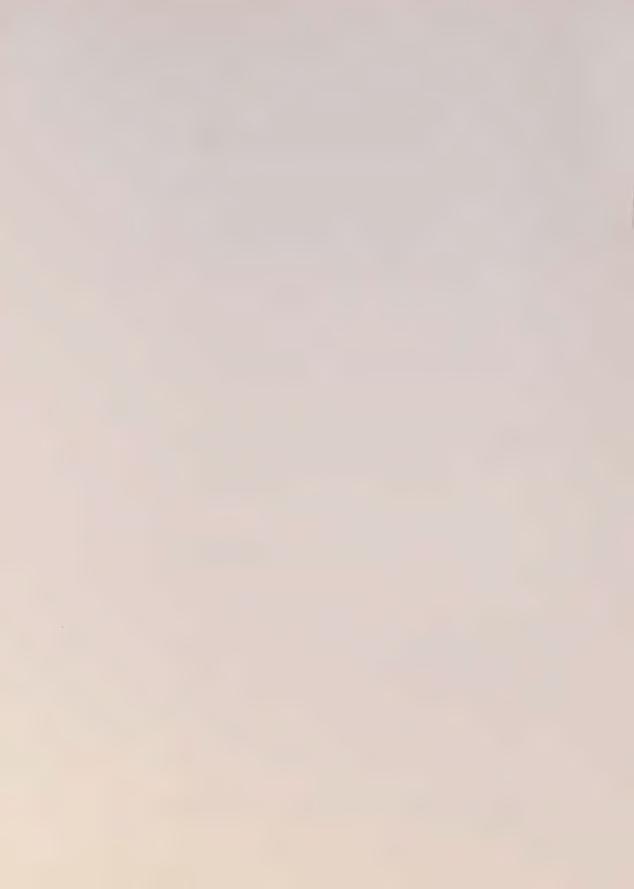
DR. J. BERKELEY

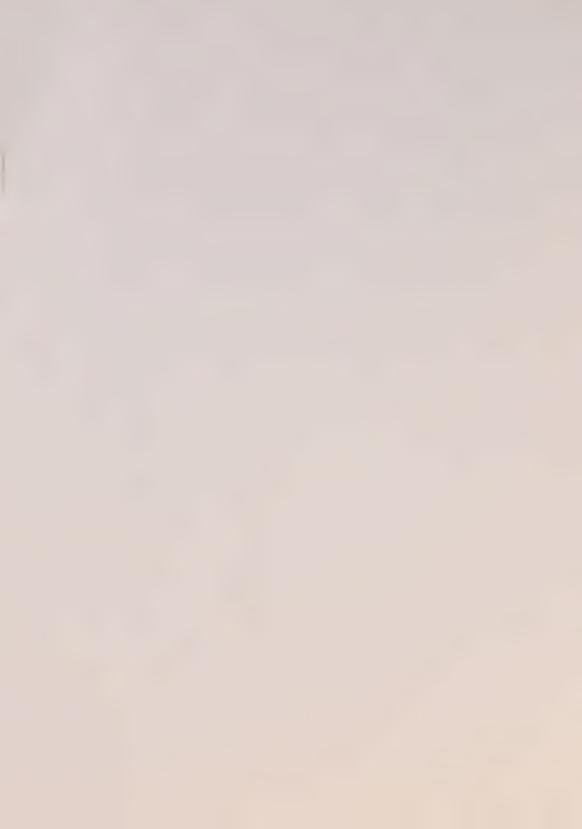
I have offered the view that the consequence of Bill 163 as it now stands ultimately will mean the abolition of the private practice of physical medicine. This, I would submit, is not in the best interests of the public. I suggest however that Bill 163 should not and need not be worded in as wide a form insofar as it operates to exclude physical therapy treatment as a qualified benefit under the insurance coverage proposed. Such being the case, I submit that it would be proper to limit the exceptance in Schedule "A" of Bill 163 insofar as it relates to physical therapy so that physical therapy offered by a specialist in physical medicine in his private offices or in a hospital or institution will be a properly included patient insurance benefit. To effect this, I suggest that paragraph 3, of Schedule"A" to Bill 163 should be amended to read "physical therapy (other than physical therapy rendered by a specialist in physical medicine in hospital or in his office)

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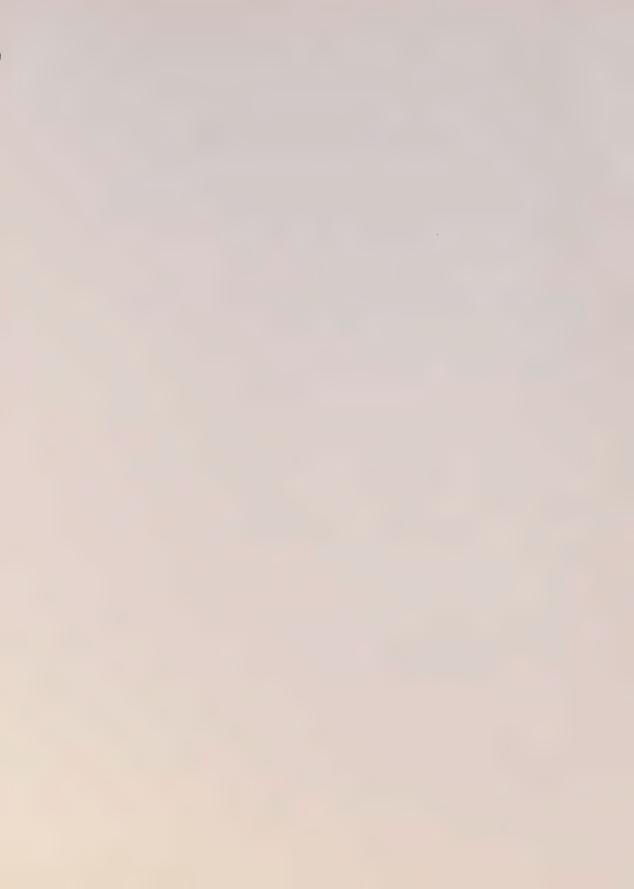
THAT the benefits under the Act be extended to include payment for visiting nursing services for patients who the attending physician believes can be adequately cared for in the home.

- 1. Further development in its present branches.
- Organization in areas with sufficient population and sufficient need to warrant the service.
- 3. Demonstration of new services.
- 4. Provision of nursing care through contractual arrangements if home nursing care was considered as a part of a comprehensive medical care plan or an extension of hospital insurance.

THAT items 1 and 6 in Schedule "A" under "Exceptions" be deleted.

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PHYSICIANS SERVICES INCORPORATED

Wherever we felt that it was logical to make firm recommendations we have done so. Among other things we have recommended:

- on page 38, that Schedule "B" and all reference to it be deleted completely from this Bill as we do not believe that two "standard plans" are proper either in principle or in practice;
- on page 39, that as this Bill is to cover "medical services"

 the definition of "benefits" and those rendering
 the benefits be clearly stated;
- on page 41, that because of the unknown weight of election and abuse specific limitations be placed on psy-chiatric care and well baby care;
- on page 43, that the system of proration of the "service carriers" be recognized and approved for the "standard plan";

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on page 45, that - "misuse" be a reason for refusing renewability

of contract, and that the definition of "medical

services insurance" be redefined;

on page 47, that - the "needy", marginal income group of citizens, be specifically defined;

on page 48, that - the responsibility of municipalities be specific and without election;

on page 49, that - "Medical Carriers Incorporated" have specific objects set forth and that the methods of voting be stated in proper detail;

on page 51, that - a resident has an obligation regarding the enrolment of his dependents;

on page 54, that - a carrier's obligation is limited when the

resident leaves the province; and that the term

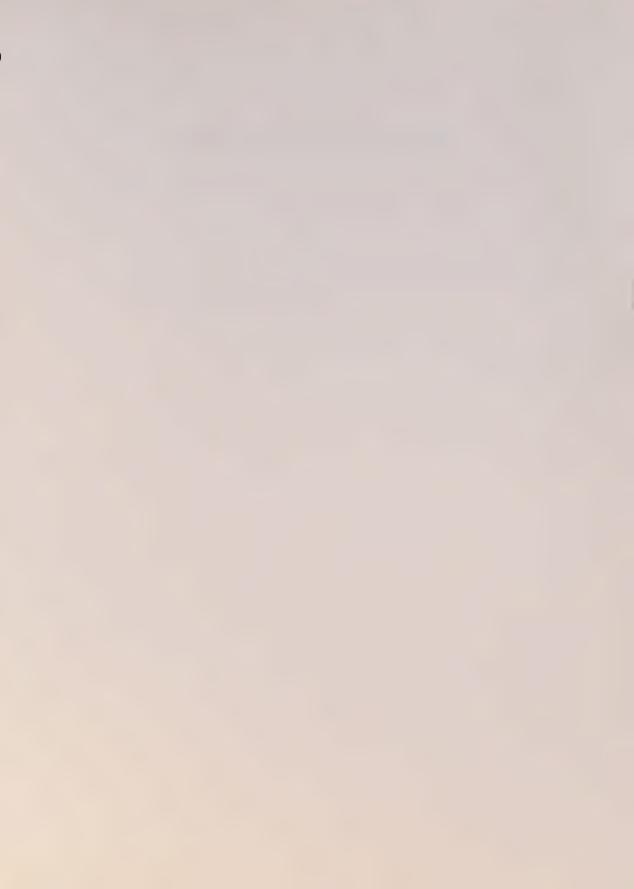
"referral" be clearly defined;

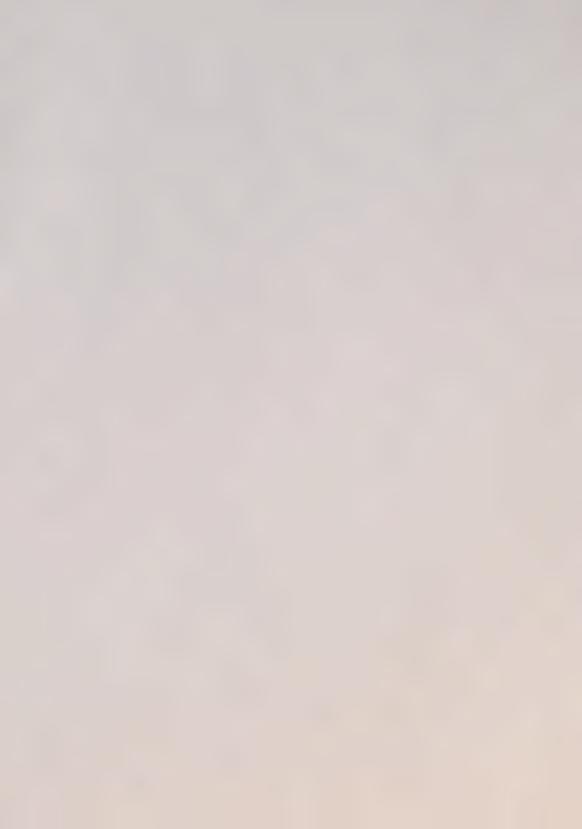
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on page 62, that - a method be devised whereby the "service carrier" will get some reimbursement for the losses it experiences on those persons under 65 who would ordinarily be eligible for but under the circumstances can't be pooled.

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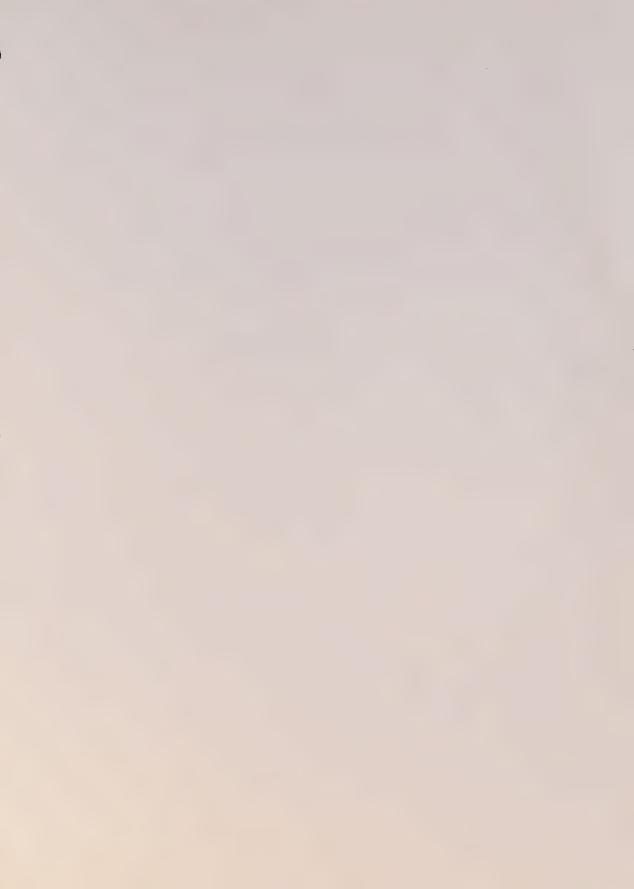


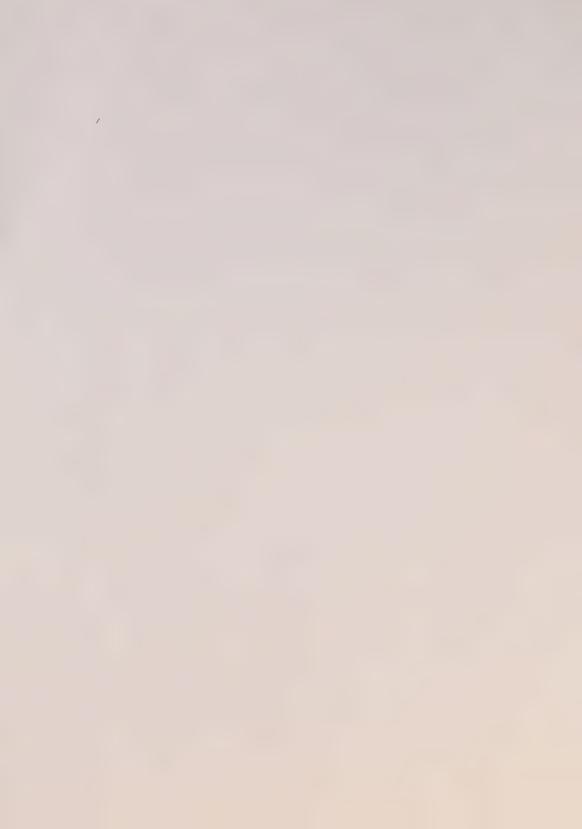


THE OPTOMETRICAL ASSOCIATION OF ONTARIO

- 1. Inclusion of optometrists under Bill 163.
- 2. Inclusion of optometrists on advisory committees concerning medical services insurance.



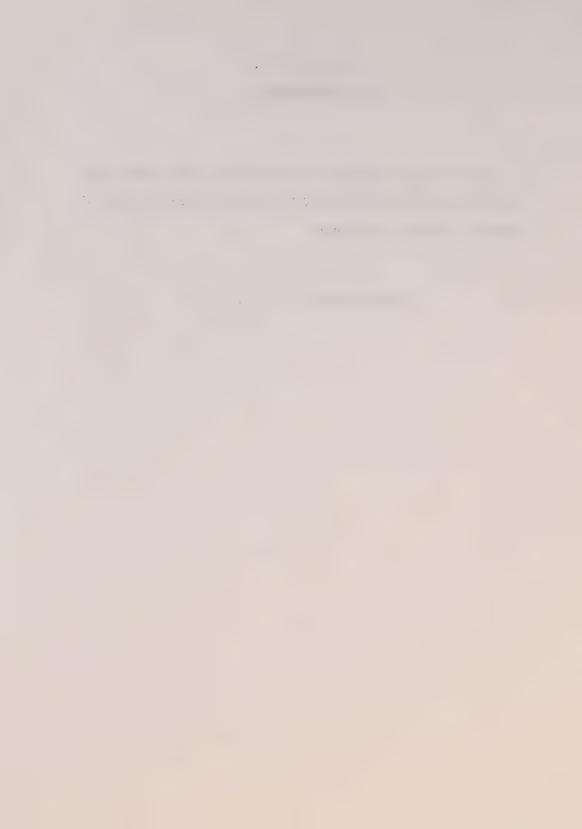




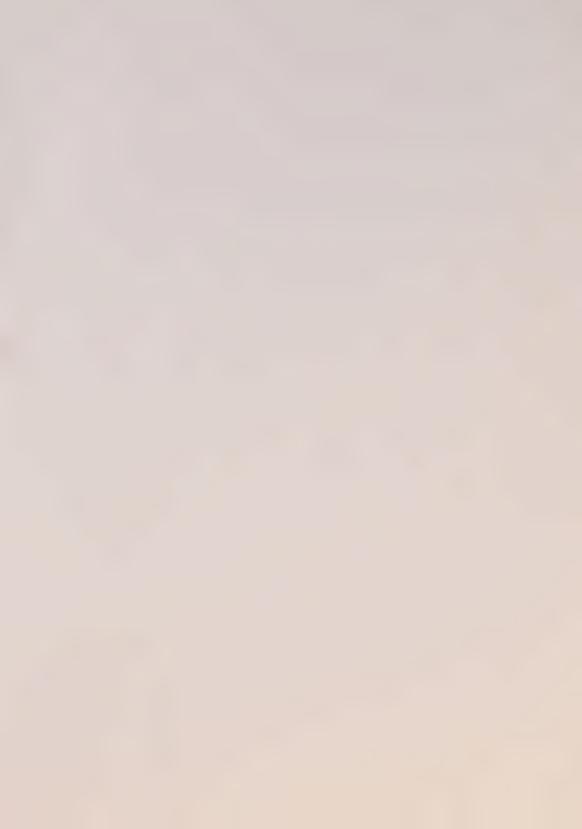
D. K. SUMMERHAYES

In view of the foregoing, I respectively suggest that many of these costs*could and should be included in any extension of hospital insurance in Ontario.

* Cystic Fibrosis







UNITED ELECTRICAL, RADIO & MACHINE WORKERS OF AMERICA

- 1. As the required next step to complement the existing hospital insurance system in Ontario, UE proposes a comprehensive, compulsory medical insurance plan with coverage as follows:
 - (a) Hospital -- including all services provided
 - (b) Medical -- including preventive and well-baby care
 - (c) Surgical -- including charges for anaesthetic and its administration
 - (d) Diagnostic charges, x-ray, etc.
 - (e) Charges for special nurses

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(f) Chiropractic and osteopathic charges

(g) Charges for all drugs and medications
(h) Charges for eye-glasses and hearing-aids
(i) Charges for orthopaedic shoes, surgical appliances and artificial limbs, etc.
(j) Ambulance charges
(k) Charges for corrective and preventive dental care,
including denture costs.
The added fee for the medical insurance coverage above should be kept to a minimum certainly not more than the
present hospital insurance premium. Cost above gross
premium receipts should be paid by the province out of
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- 2. The province should exempt completely from fees everyone (and their dependents) who is unemployed, in receipt of the federal old age pension, or any form of municipal, provincial or federal aid.
- 3. Administration of the medical insurance plan should be merged with that of hospital insurance in the hands of an (enlarged if necessary) Hospital and Medical Services Commission.
- 4. In other words, our proposal would appear to indicate an approximate equal coverage of the cost of medicare between premiums and provincial contribution.
- The proposed act defines dependent children as those who are unmarried and under the age of nineteen years, who are dependent for maintenance on the head of the family. We do not consider this definition wide enough in scope as it does not take into account children over the age of nineteen years who are attending school and who are dependent upon the head of the family for support. It is our view that dependent children and students irrespective of age, should be covered.

Medical Services Insurance

- 6. Should be defined as a contract providing for medical, surgical, diagnostic, anaesthetic, dental and drug care, along with care or treatment necessary for preventive or curative pusposes. Payment should be based on full cost of treatment, care or services provided and should include charges made by chiropractors, osteopaths, physiotherapists and psychiatrists.
- 7. The stipulation providing that a person must reside in the Province of Ontario for a period of ninety days should be changed so as to provide immediate coverage for a person who has come to Ontario to live.
- S. The Section of the Act leaving it permissive for the Minister to provide medical insurance coverage for what amounts to means test cases should be completely changed so that such coverage is assured to all citizens of Ontario whose earnings prevent them from contributing towards the premium cost of the plan.

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- Services Insurance coverage should be controlled through an agency set up by the Government: The prime requisite for any carrier should be the rate charged for the benefits set out; and this rate should be set in accordance with the actual cash benefits paid out with the overall administrative cost kept to a minimum.
- 10. There should be no penalty applied to a late enrollment fee. Benefits should commence from the date of
 enrollment or coverage and all charges for services covered
 by the Medical Services Insurance should commence immediately
 from date of enrollment.
- Subscription rates should be based on the overall experience of all participating carriers. Adjustments should be determined on a two year participation basis. Any proposed adjustment should require
 - (a) prior information supplied to all participants as to the need for such adjustments;
 - (b) the participants or their representative organizations having the right to make representation regarding such proposed adjustment.

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12. There should be no exclusion in the proposed plan for the following items and services:

dental services, ambulance services, nursing services, dressings and cast materials, services of government or commercial laboratories, drugs and medications, vaccines, biological sera or extracts or their synthetic substitutes, eye examinations and eye glasses, special appliances, oxygen, physical therapy and other similar treatments, new born infant care, advice by telephone, refractions for safety glasses.

- 13. The above listed items and services are vital to the preventive and curative health of the citizens of Ontario, and as such, should be included as covered benefits under any Medical Services Insurance contract.
- 14. Schedule "C" should be expanded to include the purchase of benefits by the provincial government for the unemployed and their dependents.





SAULT STE, MARIE & DISTRICT GROUP HEALTH ASSN.

- Amendment of s. 1 (i) to exclude organizations which provide medical or surgical care or services, as distinct from mere indemnification for some or all of the cost of such services.
- 1a. Alternatively, a clear differentiation between the above types of organization, with special provisions applicable to the former.
- 2. Amendments to secs. 2, 11 and 12 so as to make it clear that any particular organization of the first type is not obliged to accept all applicants, regardless of geographical location.
- Eliminate, for the first type of organization, responsibility to give service wherever requested.
- 4. Provision for special arrangements with respect to working capital in the first type of organization.

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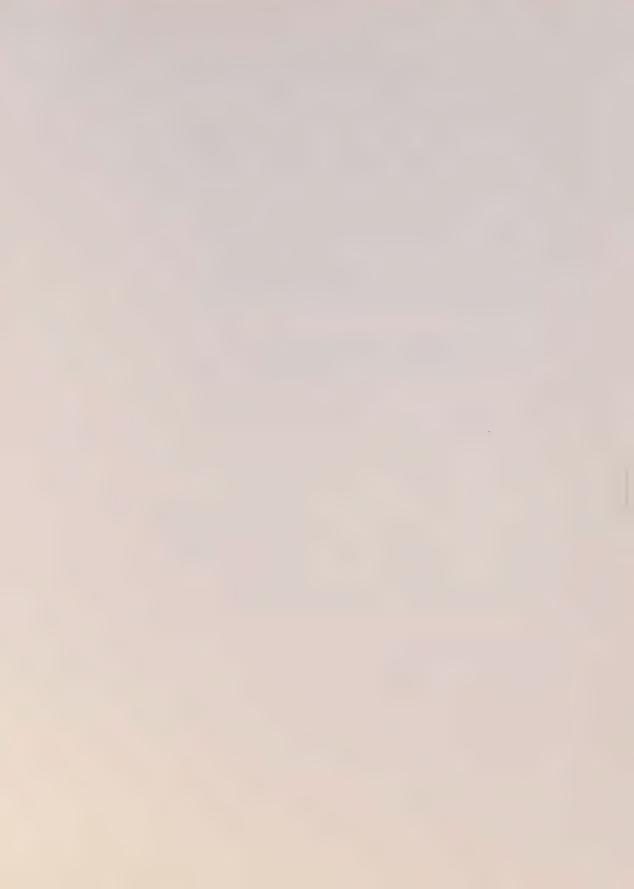
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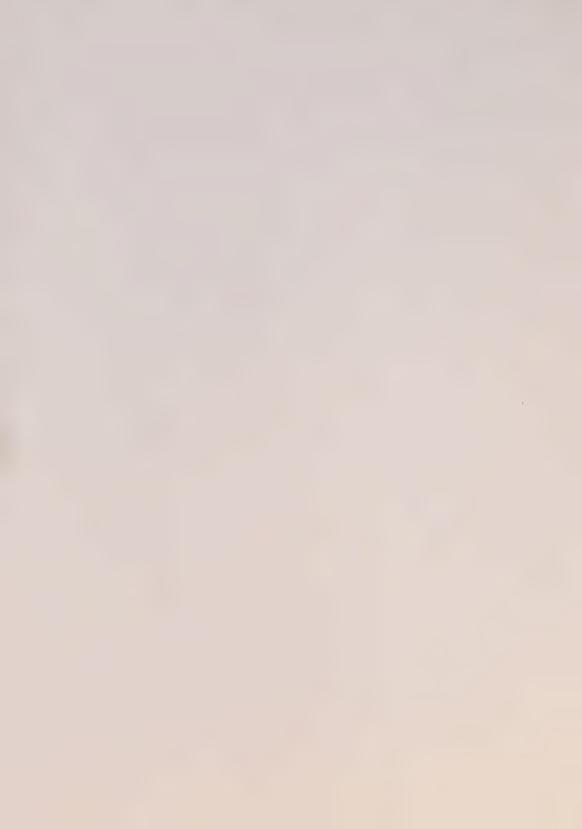
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- 5. Elimination of the requirement for "standard contracts", of identical nature to those provided by insurers, in the case of the first type of organization.
- 6. Removal of organizations providing services from the jurisdiction of Medical Carriers Incorporated, leaving them to be supervised either by the Departments of Health and Insurance, as at present, or by separate organization formed for that purpose.





ONTARIO FEDERATION OF LABOUR

1. Bill No. 163

Our objections to Bill No. 163 are as follows:

- ... That it does not give universal coverage.
- ... It establishes a means test which is impossible to regulate and enforce.
- ... It leaves Medicare Insurance in the hands of the private insurance companies and thus eliminates the possibility of providing care at cost.
- ... It is much too confining as it ignores the problem of providing research, preventive medicine, rehabilitation, development of facilities and adequate staff.
- ... It makes no provision for the encouragement of group practice.

2. Broadest Kind of Enquiry

We firmly believe that the best interests of the citizens of Ontario will be servied by the widest type of enquiry to include an examination of present and future medical care needs.

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3. Investigation of Other Solutions

The Committee is urged to take a searching look at methods used in other jurisdictions to provide comprehensive medical care with on the spot investigation of successful programmes.

4. Advantages of Public Programme

Only a public-sponsored programme can encompass the measures that a well organized health service must have consistent with the highest quality service and the maximum number of facilities that are needed.

5. Research Needs and Resources

Intensified and extended research is needed to cope with, and even anticipate where possible, the changing social needs of the community. Medical education must relate more of its efforts to research inside an overall public health programme. Otherwise research may well continue to languish.

6. Personnel

Re-evaluation of the educational and training curricula of all aspects of health care employment in order to improve overall efficiency and make increased use of available manpower in the province.

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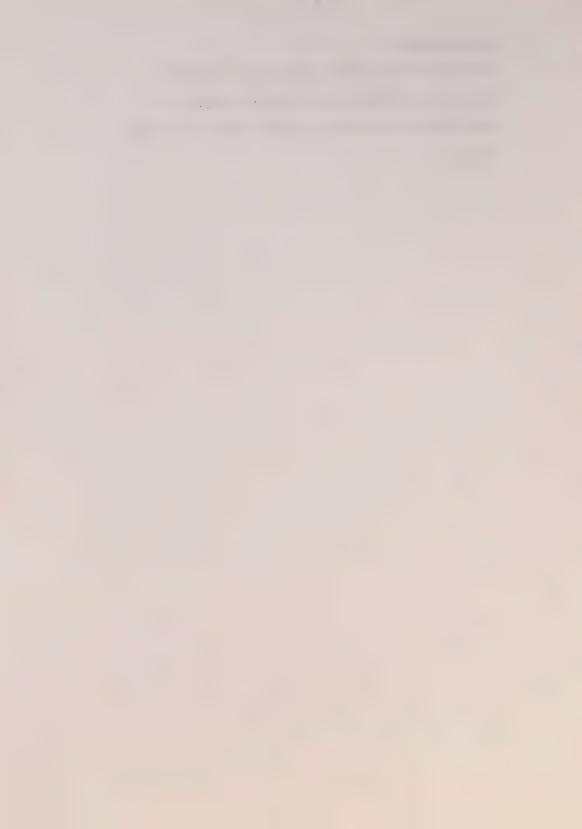
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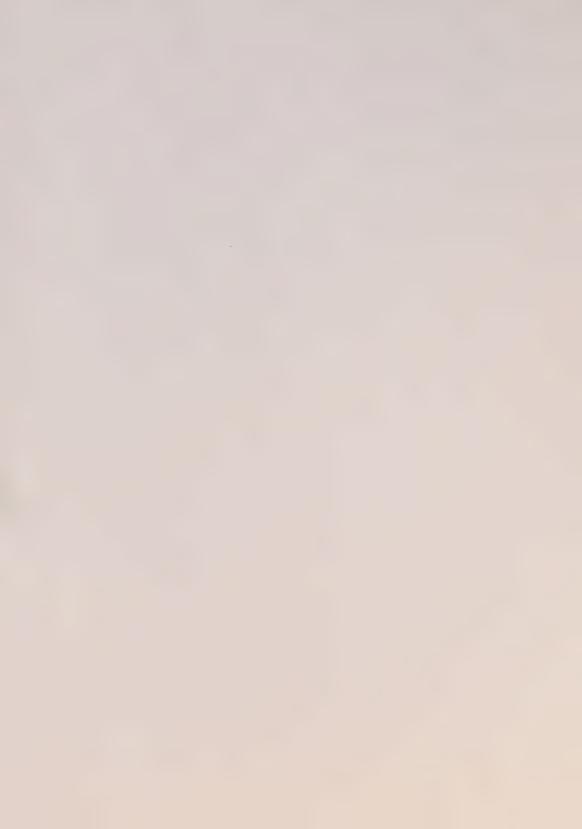
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7. Group Practice

The application of "group practice" be officially encouraged as being the most effective manner of giving force and vitality to health care of our modern society.







ONTARIO MEDICAL ASSOCIATION

We agree with the basic principles of Bill 163, and believe that the implementation of legislation based on them will meet the requirements of Ontario residents.

- 1) THAT there be three standard medical services insurance contracts which, for purposes of clarity, might be named:
 - i) Standard with benefits of Schedule A and first dollar coverage.
 - ii) <u>Standard Deductible</u> with benefits of Schedule A and a defined deductible and co-insurance factor.
 - iii) <u>Standard In-Hospital</u> with benefits of Schedule B and first dollar coverage. (paras. 15, 180, 181, and 182)
- 2) THAT carriers be required to offer the Standard In-Hospital and either the Standard or Standard Deductible contracts. (paras. 13 and 184)

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- 3) THAT the benefits of Schedule B be enlarged to include out of hospital referred consultations and diagnostic services within the limits suggested. (para. 164)
- 4) THAT the benefits and exceptions of Schedule A be modified as outlined. (para. 131)
- 5) THAT a carrier be permitted to issue contracts other than standard contracts but where a carrier issues one of the standard contracts it be permitted by rider to the contract for an additional stated premium and not otherwise, to provide benefits greater than those set forth in Schedules A and B. (paras. 19 and 185)
- 6) THAT all groups of self-insurers be required to be licensed under this Act and to become and remain members in good standing in Medical Carriers Incorporated; THAT this type of carrier should not be authorized or compelled to issue standard contracts to the general public. (paras. 26 and 184)
- 7) THAT the bill state more specifically the purposes and objects of Medical Carriers Incorporated; THAT these be confined to matters of a technical nature including the administration of a pooling arrangement. (paras 98 and 187)

- 8) THAT the Bill establish an Advisory Committee to act as an adviser to the Minister relative to the operation of the initial legislation and whatever changes may be required to fulfill the purposes of Bill 163; THAT its membership, method of appointment, and its purposes and objects be set out in the Act. (paras. 100 and 188)
- 9) THAT the Minister, on the recommendation of the Advisory Committee, be authorized to suspend or cancel the licence of any carrier if he deems that it is not operating in the public interest or if it contravenes any provision of this Act. (paras. 29 and 186)
- 10) THAT a per diem penalty be imposed on any carrier that carries on business as such without a licence under this Act. (paras. 30 and 186)
- 11) THAT the amounts of benefits payable under standard contracts be set out more specifically in Section 17. (paras 31 and 191)

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- 12) THAT the persons given total subsidy be those in needy circumstances in the classes listed in Schedule C. (para. 48)
- 13) THAT, for those totally subsidized:
 - Government insure the benefits of Schedule A on a basis of first dollar coverage.
 - 2) Government make an arrangement with the Ontario Medical Association for the insurance of this group.
 - 3) This arrangement be outside of Medical Carriers Incorporated, (para, 83)
- 14) THAT those residents whose incomes do not exceed their personal exemptions on the TD 1 income tax form and who either do not meet the requirements for total subsidy or choose not to apply for same, be made eligible for a partial subsidy; and THAT those eligible for partial subsidy be detailed in a separate schedule in the Act. (paras. 48 and 49)

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- 15) THAT the subsidy provided to, or on behalf of, those requiring partial assistance, be a fixed-dollar amount not to exceed the amount of the premium. (paras. 60 and 63)
- 16) THAT any subsidy be made available only for the purchase of the Standard Medical Services Insurance Contract. (para. 72)
- 17) THAT the individual, applying for partial subsidy, make a statutory declaration of his eligibility for subsidy, to the carrier of his choice, and that the carrier bill government on behalf of all subsidized residents to whom it had issued Standard contracts. (para. 65)
- 18) THAT all subsidized medical services insurance contracts bear some mark or code which will make it apparent to the doctor that the patient is in receipt of subsidy. (para, 87)
- 19) THAT section 54 of the Public Health Act be repealed; and that this legislation place upon the municipality the responsibility for the insurance or payment of medical services, required by needy residents, analogous to that placed upon it by the Hospital Services Commission Act and the regulations thereunder. (paras. 91 and 96)

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- 20) THAT the board of arbitration referred to in section 18 (2) be changed so that:
 - 1) Medical Carriers Incorporated name one arbitrator.
 - 2) The second arbitrator be named by the Minister.
 - 3) The third arbitrator, who shall be chairman, be appointed by a judge of the Supreme Court. (paras, 114 and 192)
- 21) THAT a new section be enacted, reading as follows:

"No carrier, by a medical services insurance contract, shall interfere with the right of an insured person to choose his own physician or impose an obligation upon a physician to treat any insured person."

(paras. 118 and 194)

22) THAT the insurance of all medical services be brought under the provision of a Medical Services Insurance Act; THAT this policy be established now and implemented as soon as possible: and THAT in the meantime no further encroachment be allowed by further

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en de la composition La composition de la amendment to the regulations under the Hospital Services
Insurance Act. (para. 144)

- 23) THAT the suggested amendments to Bill 163, set out in Part II of this submission, be incorporated in the Act. (paras. 167 to 195)
- 24) THAT government give early consideration to a plan whereby subsidized patients will be assured of getting necessary drugs. (para, 148)
- 25) THAT preoccupation with medical services insurance not delay the provision of government funds for medical schools, medical teaching, schools of nursing, hospital beds and the other facilities and personnel required to maintain a high standard of medical services. (para. 130)

SUPPLEMENT

 Since the medical care of the eye consists of three fundamental phases, treatment facilities - teaching facilities - and research facilities, each of these aspects must be assessed in determining The state of the state of the second of the state of the

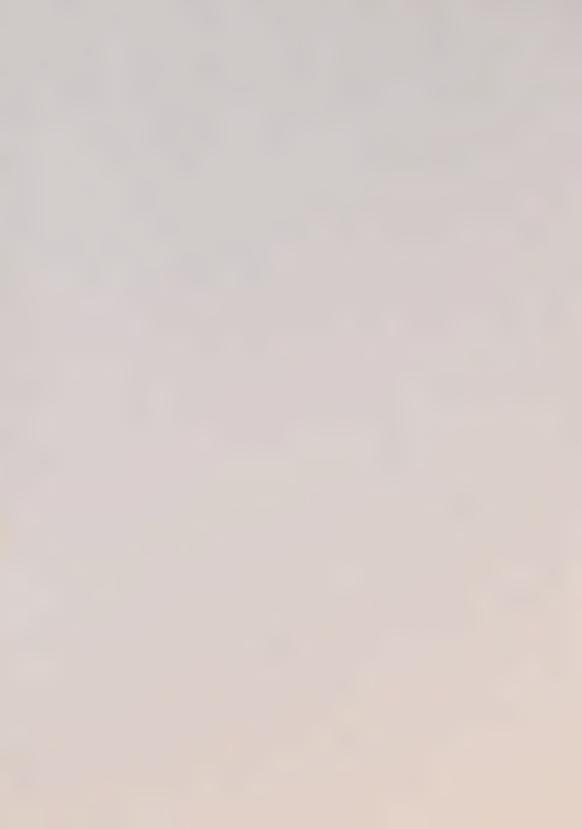
-) the proper role of assistance in a Medical Services Insurance Plan.
- 2) Underlying good treatment services are good research and good training facilities which can attract high calibre medical doctors for training in ophthalmology.
- 3) It is, therefore, respectfully recommended by the Section on Ophthalmology of the Ontario Medical Association, that:
 - The Government be requested to provide increased grants to presently existing medical faculties, to enlarge their post-graduate training and research programs in ophthalmology;
 - The Government be requested to provide grants to establish new faculties of medicine which will provide further training and research facilities in ephthalmology;
 - The Government be requested to provide grants to medical faculties to increase training of para-medical ophthalmic personnel.
 - 4. That refraction as an isolated procedure for the prescription of glasses be excluded as a benefit under the Medical Services Insurance Act.

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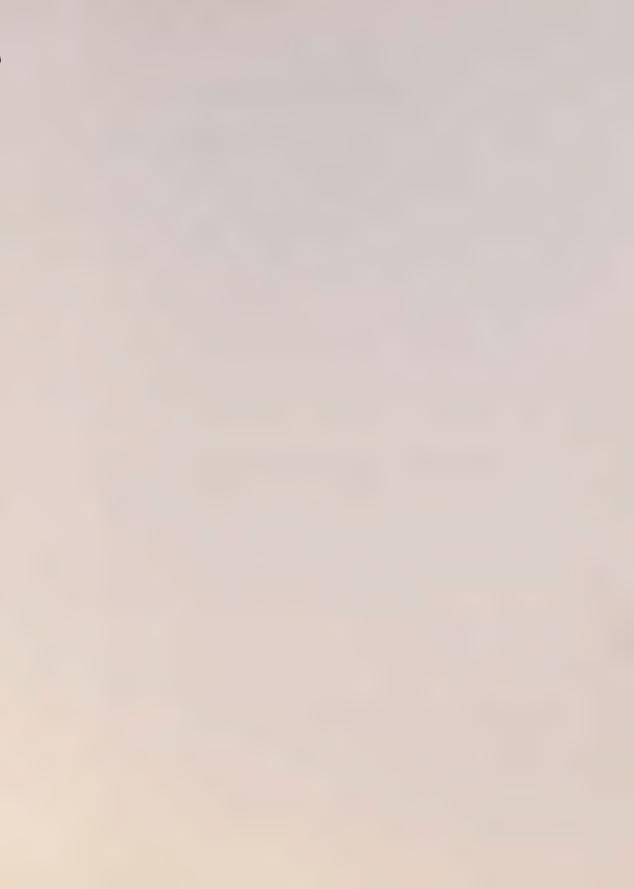
COLLEGE OF PHYSICIANS & SURGEONS

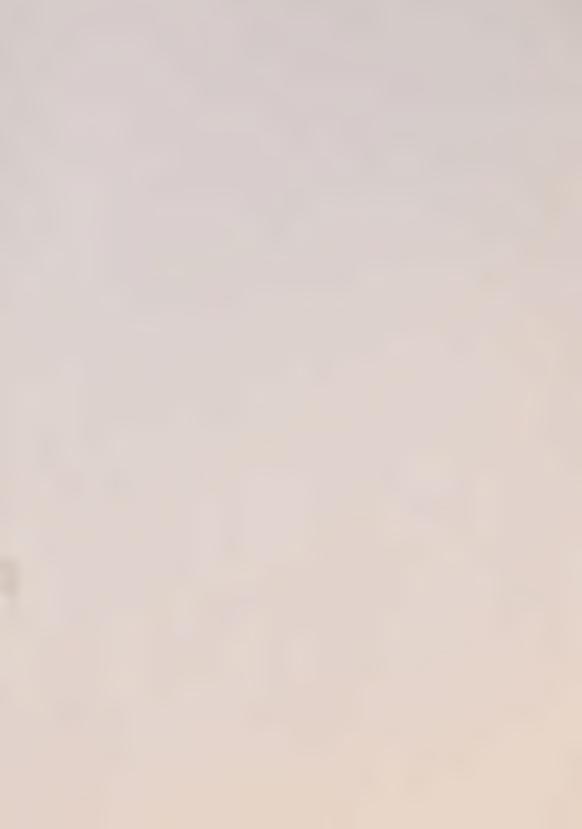
For the purpose of Bill 163, "Physician" be defined as one licensed by statute to practise in any branch of the healing arts. This would be for the purpose of providing benefits to an insured person for treatment services rendered by a person who was not a duly qualified medical practitioner.

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CANADIAN MANUFACTURERS' ASSOCIATION

Bill 153 - Principle Considered Sound

1. The Association approves the principle established by
Bill 163 which is designed to provide an opportunity for individuals
to obtain indemnity against the cost of certain necessary medical
services through the medium of private insurance.

2. We believe the introduction of a non-cancellable standard contract available to all is desirable in that it gives every citizen the opportunity to prepay medical expenses. We also appreciate the need for provincial and municipal governments to assume, through taxation, responsibility for the premiums of those individuals who are unable to afford this type of protection.

Premiums - Recommendation

3. We submit that the premiums for medical insurance schemes already in effect, should not be adversely affected by this measure which is designed as a social service. We express the hope that the loss, if any, incurred by carriers due to the mandatory acceptance of higher-risk individuals under standard contracts, will not be allowed

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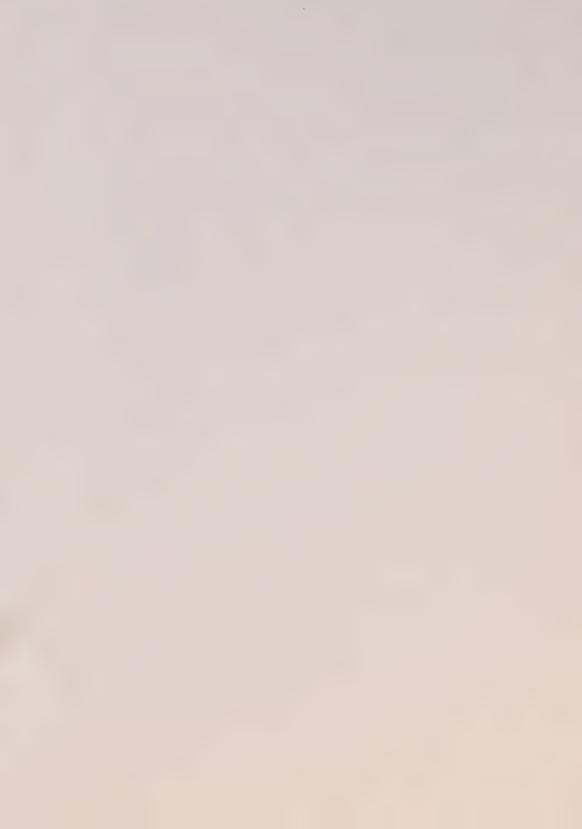
to have an adverse effect upon existing premium rates. To accomplish this, it is suggested that losses in any period be recovered by adjustment of future premiums for "standard contracts" as defined in Section 1 (o) and (p) of the Bill.

Enrolment and Publicity

- 4. We would, therefore, favour a reasonably long initial enrolment period and an intensive educational campaign, sponsored by the Government in conjunction with Medical Carriers Incorporated.
- 5. Therefore, we would like to see "standard contract" claims administered as simply as possible.







BOARD OF EVANGELISM AND SOCIAL SERVICE OF THE UNITED CHURCH OF CANADA

- The United Church of Canada, through its highest court, has stated its conviction that a Medical Insurance Plan should be universal (including all citizens within its provisions); comprehensive (including various medical and related needs in co-operation with the medical, nursing, dental, pharmaceutical and other related professions); and national (with the various provincial plans co-ordinated in a nation-wide plan.)
- 2. The United Church has long stressed and now re-affirms the serious nature of alcoholism and would suggest that the needs of individuals afflicted by alcoholism or drug addiction should be considered in any Medical Care Plan.
- 3. In requesting a comprehensive and universal health plan the United Church expresses its concern that the imposition of a means test as a condition of belonging to such a Flan, would hinder its effectiveness and discourage the self-respecting poor from entering such a scheme if it would imply that they were the recipients of charity.

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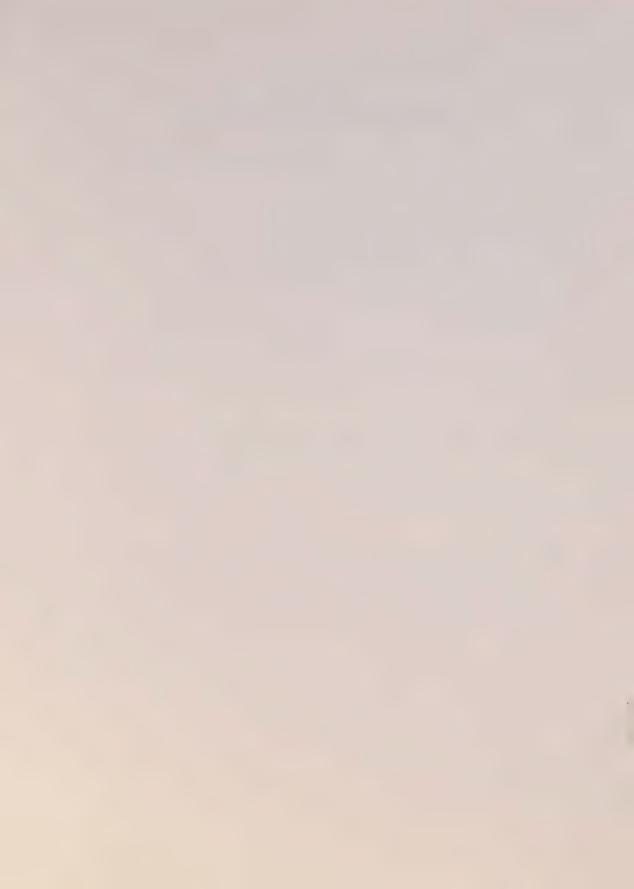
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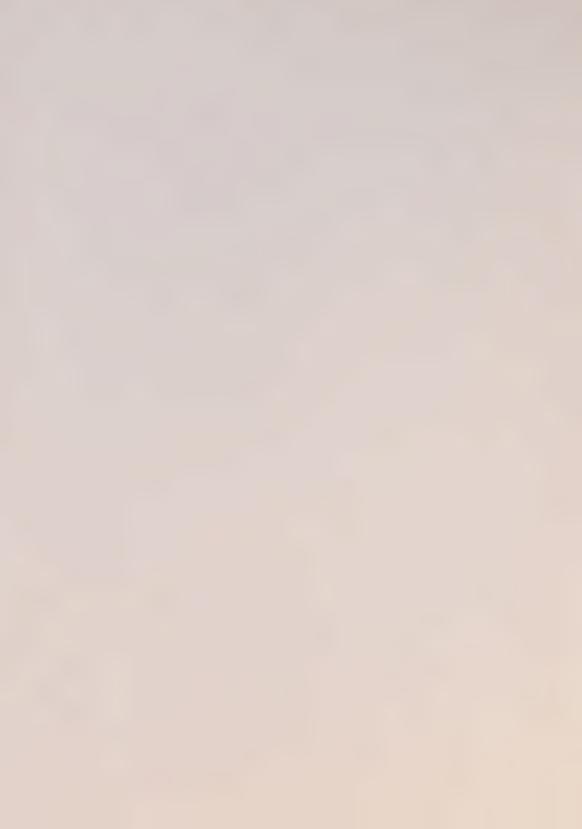
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- 4. It is submitted that one of the most needed and most effective types of Health Insurance can be provided through health education of the public, so that our people can take proper measures for preventing illness, so that they can recognize early stages of illness and be alert to the importance of seeking medical attention and advice at the earliest signs of illness.
- 5. It is recommended that adequately trained chaplains be appointed to Hospitals, particularly Mental Hospitals, and recognized as part of the healing service personnel of the staff.

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CANADIAN ARTHRITIS & RHEUMATISM SOCIETY

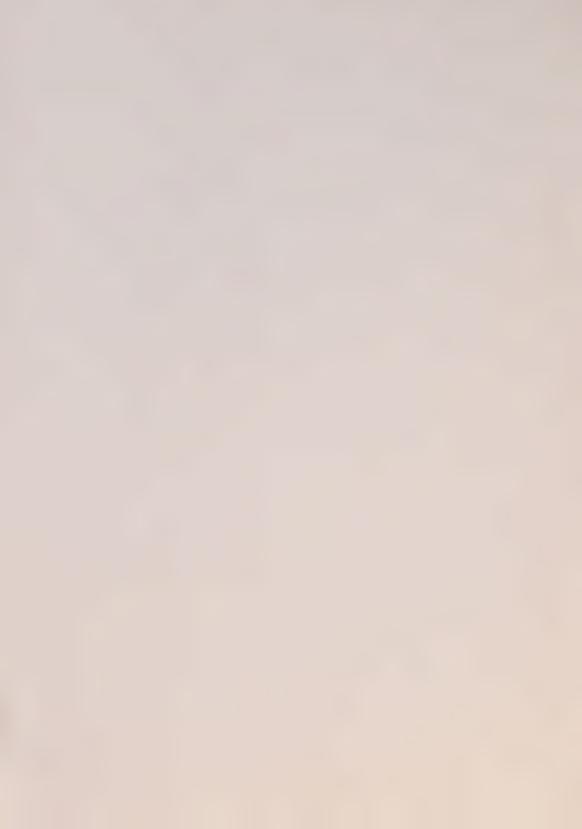
The Society Recommends:

- (1) That insurance be made available to Ontario residents against the cost of necessary physiotherapy and occupational therapy for patients not in hospital, provided that the therapy is prescribed by a physician and supervised by a physician, and provided that diagnosis and indication for treatment be subject to periodic independent review.
- (2) That this insurance be provided under the Medical Services
 Insurance Act.
- (3) That the Government of Ontario sponsor pilot studies through voluntary agencies to explore the technique and value of various health services, not covered by specific legislation.

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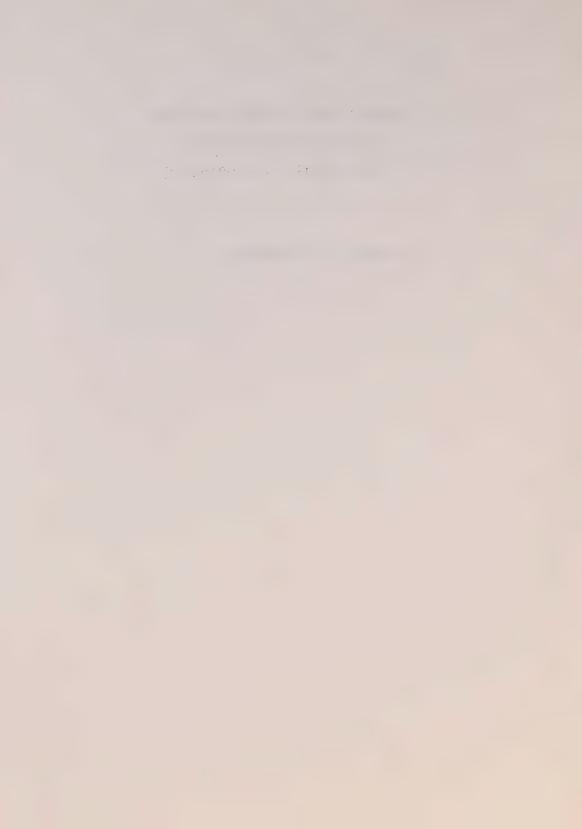


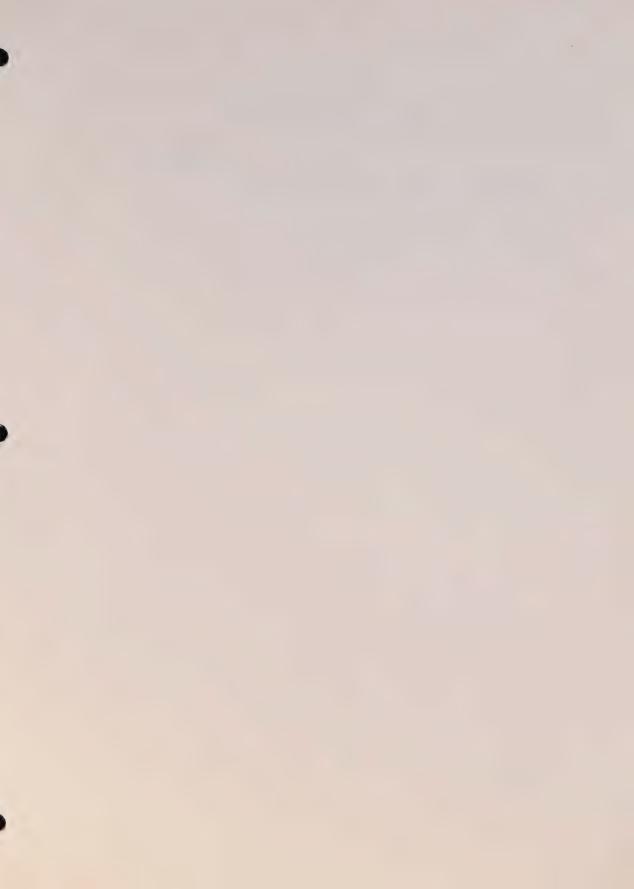
THE REGISTERED NURSES ASSN. OF ONTARIO

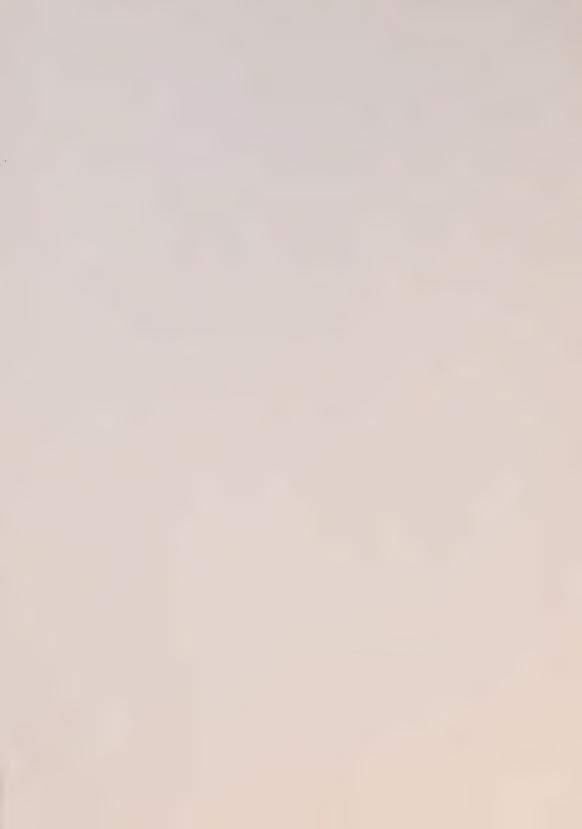
- 1. It was recommended: That complete health care be made available to all Canadians regardless of their financial condition.
- 2. The Association supports "Schedule A" in the Act Respecting Medical Services Insurance and believes that preventive services should be included. Such service should improve health and reduce the need for treatment with resulting reductions in the medical and nursing services required.
- 3. We, would, therefore, recommend that periodic health examinations be included in insured services, particularly for children and persons in the older age group.
- 4. We would recommend that nurses be included in any planning which concerns the provision of health services in the hospital and community.
- 5. We would recommend that financial assistance be made available to Ontario universities for:

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- (a) enlargement of present programmes of nursing education and the establishment of new programmes;
- (b) bursaries for students.





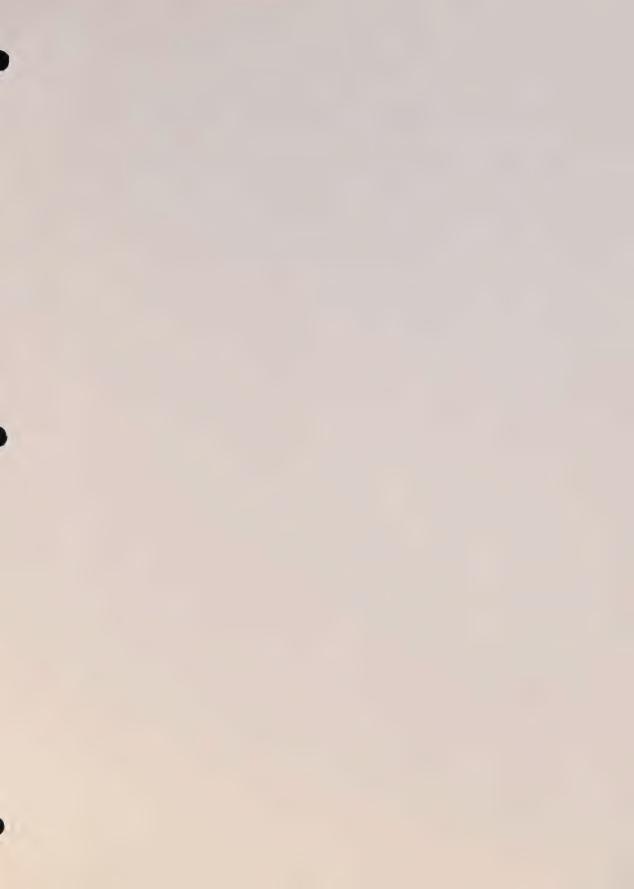


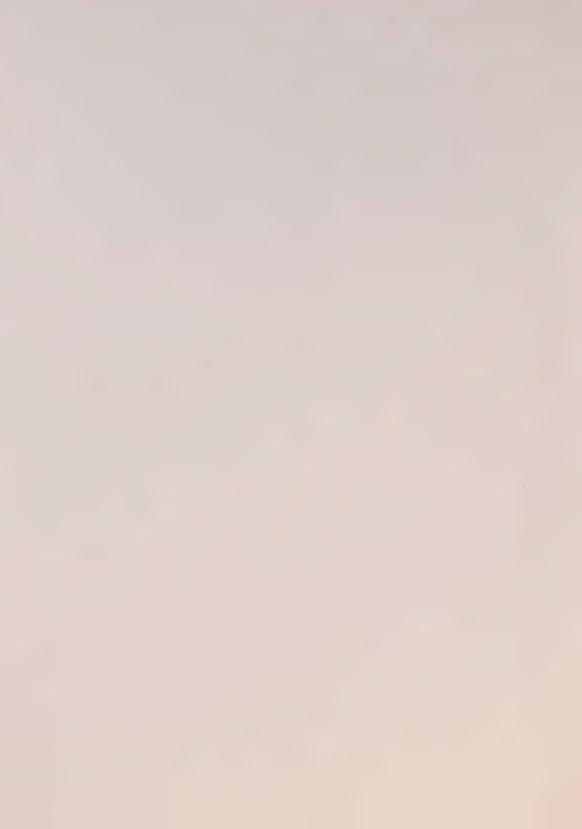
TORONTO REHABILITATION CENTRE

RECOMMENDATION

Therefore, the Toronto Rehabilitation Centre recommends that medically prescribed and supervised rehabilitation services be an approved out-patient benefit under the provisions of the Medical Services Insurance Act.

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THE ASSOCIATION OF DISPENSING OPTICIANS OF ONTARIO

In the best interests of the people of Ontario, we believe that the only complete Eye Care program is an eye examination by the Ophthalmologist, with the glasses, where necessary, supplied by the Medical Auxiliary, the Ophthalmic Dispenser.

THE ASSOCIATION OF DISPENSING OUTLOIANS OF CUITABIO

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